

*Specs.
Medical Society
Tazos County N.Y.
4.17.1939*

THE AMERICAN MEDICAL MONTHLY.

JANUARY, 1858.

ESSAYS, MONOGRAPHS, AND CASES.

Case of Apoplexy of the Cerebellum. By TIMOTHY CHILDS, M.D., Prof. of Anatomy in the N. Y. Medical College, &c.

On the 26th of December, 1854, I saw for the first time Miss K—— D——, of Pittsfield, Mass., aged 19, and received the following history of her case. Some eighteen months ago Miss D. was employed in taking care of the baby of her married sister, during the absence of its mother, and finding that by *shaking her own head rapidly and violently*, the child was amused and quieted, she resorted to this expedient a great number of times. While thus engaged she felt suddenly faint and sick, vomited, and was obliged to take her bed, where she remained some days. She then attempted to resume her usual avocation, but found on attempting to walk that she *staggered* as though intoxicated. Her mortification at this circumstance induced her to keep very much within doors. Soon after this period, she left her home on a visit to relatives in Canada, whence she has but recently returned. While in Canada she consulted two physicians, but received no considerable relief from their prescriptions; she thinks, however, that the *seton*, advised by one of these gentlemen, and worn for some months, "did some good." At this date she staggers badly, cannot walk without assistance, and is growing rapidly blind; the eyes have an *amaurotic stare*, pupils large, and respond but

sluggishly to the stimulus of even a very bright light; constant dull pain, referred to the region of the occiput; bowels excessively torpid; appetite capricious.

A seton was inserted as high in the nape of neck as possible, and a mild course of the protiodide of mercury pursued; at first with apparent benefit; vision was much improved. Soon, however, the disease progressed again; the patient became entirely blind, and late in January, 1855, she had her *first general convulsion*; on the evening of the 3d of February, a second, in which she died; the intellect unaffected; clear and strong throughout; no change in the manifestations of the sexual instinct.

Autopsy made the following morning, revealed an old hardened clot of blood of the size of a large walnut, in the centre of the cerebellum, just above the "iter a tertio ad ventriculum quartum." This hardened clot was bathed in nearly two ounces of yellow serum inclosed in a cyst. Other organs healthy.

The *blindness* was satisfactorily explained by the pressure upon the *Tubercula Quadrigemina* of the increasing cyst; the temporary improvement in the vision, by the partial absorption of its contents; the *refilling* of the cyst renewed the pressure on the *Tubercula Quadrigemina*, thus bringing back the blindness; the cyst still increasing compressed the *Medulla Oblongata*, causing the convulsions and the death. The persistent inability to *co-ordinate* the voluntary movements of the lower extremities, (and this of course is the point of interest in this case,) corroborate the views held by *Flourens*, of the grand function of the cerebellum, "Enfin dans le cervelet réside une propriété * * * qui consiste à *co-ordonner* les mouvements *voulus* par certaines parties du système nerveux *excités* par d'autres;" and again, "Et le cervelet le siège exclusif du principe, qui co-ordonne les mouvements de locomotion." The experiments of *Flourens* have always seemed to me satisfactory and decisive as to this function of the cerebellum. *Longet*, in the main, endorses his conclusion. The difficulty has been to make the *pathology* of the human cerebellum square with the results of *experiment* on the inferior animals; this is an interesting inquiry, which we have neither time nor space here to pursue. We venture, however, to record our humble subscription to the opinion held by that prince of reconcilers and generalizers, the philosophic and comprehensive Carpenter, that this discrepancy is rather apparent than real. In "*nature's experiments*," furnished us in the history and the pathological anatomy of the *fatal* cases of disease of the cerebellum, the lesion or its effects *are not limited to the cerebellum*,

(as they may be in carefully conducted experiments on animals,) but involve other nervous centres in the neighborhood; this fact is well illustrated by the case above detailed. The patient, by violent and prolonged shaking of the head, ruptures one or more blood vessels in the centre of the cerebellum, and a clot is there found. Here is a localized lesion, and its symptoms correspond perfectly with the results of experiment upon animals; the power of co-ordinating the movements of the lower extremities is lost; the patient, like the animal, staggers; bye and bye the irritation of a clot of blood, too large for absorption, develops a secreting cyst, which in its enlargement presses on an adjoining nervous centre—the Tubercula Quadrigemina; and then, and not till then, induces blindness. Still increasing, it presses on a neighboring and still more important nervous centre—the Medulla Oblongata; and then, and not till then, we have the convulsion and the death. So in softenings, cancers, exostoses, etc.

Read with this key, Andral's cases of cerebellic disease are not irreconcilable, nay, do not conflict with the physiological doctrine established by the accurate and beautiful experiments of Flourens, that the cerebellum has for its chief office the co-ordination of the movements of locomotion, the combining and harmonizing of them to a determinate end.

Indeed, in the only case of the ninety-three cited by Andral of disease really analogous to ours, it is said “Avant d'en être frappé il avait gardé pendant quelque temps, une démarche chancelante.”

Veratrum Viride in Puerperal Fever. BY JOSEPH H. VEDDER, M.D.,
late House Physician Accoucheur to the State's Hospital, Ward's
Island.

Mrs. A. B., ætat 24, was delivered of her first child at 1 $\frac{1}{2}$ A.M., November 20th, after a short labor of two hours' duration. I reached the house before the expulsion of the placenta. It came away entire. The hand was applied by the nurse over the uterus after the expulsion of the head, and was kept there until I applied the binder. An accident having recalled me to the lying-in room at 2 $\frac{1}{2}$ P.M., I found my patient moaning with paroxysmal pains situated principally in the left side; countenance anxious; pulse 100; thirst; extremities cold. Instantly removing the bandage, I found the uterus dilated to a considerable extent from internal haemorrhage. Ergot in tincture was given, and after sitting two hours with the hand over the uterus, I

left her at 5½ A. M., free from pain, womb well contracted, pulse 88, and surface warm. She slept two hours in the morning, and at 12 M. I found her cheerful, pulse 88, and free from faintness. During the afternoon she complained of soreness in the left ovarian region, and frequently recurring pains kept her constantly awake.

Nov. 21st. At 2½ A. M., she awoke with thirst; a hot skin; heat and fulness about the head, and paroxysmal pain. Epistaxis at 5 A. M., and 6½ A. M. At 7 A. M., I found her restless, excited, face flushed; pulse 106, moderately full; tongue red and covered with a whitish flaky coat; lochia normal. The uterus I found again extending nearly to, and two and a half inches on either side of, the umbilicus. The haemorrhage having ceased, I determined to defer the manual removal of the clots, in the hope that ergot might induce contraction. The binder was applied with a firm compress over the uterus; Ol. Ricini ʒss. administered, and a teaspoonful of Tr. Secale Cornut, every hour. Two large evacuations followed the oil, and several small clots were expelled at the same time. 7½ P. M., pain continues; restless; surface moist; fulness about the head; pulse 106. R. Elixir. Opii. (McMunn's) gtt. ix.

Nov. 22. Did not rest well; pulse 100; free from pain; slight soreness on pressure in the left ovarian region; complains of sinking sensations. Uterus firmer, and more contracted. Cont. Med. every third hour; beef tea. 7 P. M.—Several clots expelled; pulse 110; lochia dark coffee-ground color, and offensive. R. Elix. Opii. gtt. ix.

Nov. 23. Slept better than previous night; pulse 106; faint at times; thirst. R. Liq. Ammon. Acet. ʒiv. Cap. ʒss. every 3 hours. 7 P. M.—Pulse 115, small, hard; restless; head hot; *micturition*; slight *tympanitis*; lochia still offensive; uterus more contracted.

| | | | | |
|--------------------|---|---|---|----------|
| R. Pulv. G. Opii., | - | - | - | gr. vi. |
| Hyd. Sub. Mur., | - | - | - | gr. xii. |
| Div. in pil, | - | - | - | no. vi. |

I directed one pill to be given every two hours when awake, and the vagina to be well syringed with warm water.

Nov. 24th. Slept well; large clot expelled; has taken two pills and considerable beef tea. Pulse 120, hard; tongue red; papillæ erect, covered irregularly with thin white patches; headache; uterus nearly natural in size; milk diminished. At 6 A. M., vomited half pint of "grass green" fluid; nausea constant. Dr. Allen, in consultation, agreed with me in the diagnosis of incipient metritis. Cont. Med. every two hours. 3 P. M.—Pulse 115; dozes constantly; large clot expelled; vomited a yellowish fluid. 7½ P. M.—Pulse 130.

Directed eight drops of Tr. Veratrum Viride to be given every two hours, and one pill every alternate hour, when awake.

| Day. | Hour. | Pulse. | Drops. | |
|------------|----------|--------|--------|--|
| Nov. 24 | 7 P. M. | 130 | viii. | |
| | 9 P. M. | 130 | viii. | 10 P. M. One pill given. |
| | 11 P. M. | 130 | viii. | 12 P. M. " " |
| 25 | 1 A. M. | | viii. | |
| | 3 A. M. | | x. | |
| | 5 A. M. | 105 | viii. | Slept well; pulse fuller; took more nourishment; nausea, flatulence; lochial discharge diminished. |
| | 7 A. M. | x. | | |
| | 9 A. M. | 94 | iv. | 8 A. M. One pill given; rigor continued fifteen minutes, followed by more fever; head very hot. |
| | 11 A. M. | 94 | iv. | |
| | 1 P. M. | 94 | iii. | 12 M. One pill given. |
| | 3 P. M. | 94 | iii. | 4 P. M. Pill given. |
| 26 | 6 P. M. | 84 | | Discontinue the drops, but continue pills if awake. |
| | 12 A. M. | 105 | x. | Faint, sinking sensations since 4 P. M.; colicky pain in bowels; somewhat tender on pressure; lochial discharge light colored and free from fetor; to take opium in pill, half grain, every two hours. |
| | 1 A. M. | vi. | | To 6 A. M., took two grains of opium. At 4 A. M. severe spasmodic pain in lower part of bowels. Injection of warm water, followed by large, dark, thin evacuation. |
| | 3 A. M. | 95 | vi. | |
| | 5 A. M. | 75 | | |
| | 7 A. M. | 130 | x. | Opium, gr. i.; moaning constantly; features pinched; pulse feeble, irregular; severe tenesmus; free from pain in bowels. Directed starch and laudanum injection. |
| | 8½ A. M. | 130 | | Tenesmus relieved. |
| | 9 A. M. | 130 | x. | Opium, gr. ¼. |
| | 10 A. M. | 130 | x. | Opium, gr. ¼; excessive thirst; very feeble. |
| | 11 A. M. | x. | | 10½ A. M., seized with severe dysuria; 11 A. M., opium, gr. ¼; moaning feebly; pulse variable; extremities cold and blue; has suffered intensely since 10½ A. M.; warm applications to bowels, and administer one teaspoonful of the following mixture every hour: R. Tr. Camph., Tr. Opii., Spt. Eth. Nit. aa. 3jj. |
| 26 | 12 A. M. | 130 | x. | |
| | 2 P. M. | 130 | x. | Opium, gr. ¼. At 1 P. M., dysuria relieved. |
| | 3 P. M. | 120 | viii. | Sleeping; faint. |
| | 4 P. M. | | viii. | Opium, gr. ¼. |
| | 5 P. M. | 116 | viii. | Pulse stronger; thirst continues; wine whey to be given. |
| | 6 P. M. | | viii. | |

| | | | | |
|----|---------|-----|-------|--|
| | 7 P.M. | 105 | v. | Opium, gr. $\frac{1}{2}$; expression less anxious; surface warmer; free from pain; dozing constantly. |
| | 8 P.M. | | v. | |
| | 9 P.M. | | v. | |
| | 10 P.M. | | v. | |
| | 11 P.M. | 94 | iii. | Opium, gr. $\frac{1}{2}$; one large evacuation; thirst less; surface cool; forehead moist; wine whey to be given freely. |
| 27 | 1 A.M. | 84 | | Opium, gr. $\frac{1}{2}$; more wakeful; hands cold and blue; feet warmer. |
| | 3 A.M. | | iii. | Several small dark-colored stools. |
| | 4 A.M. | | iii. | |
| | 5 A.M. | 100 | vii. | Thirst; tenesmus; surface warmer; pulse variable. |
| | 6 A.M. | | viii. | To take a pill of tannin and opium, each one grain, every hour. |
| | 7 A.M. | | viii. | |
| | 9 A.M. | 105 | viii. | Pill given at 7, 8, and 9 A.M. Bowels moved twice. |
| | 10 A.M. | | v. | |
| | 11 A.M. | | v. | Pill given. |
| | 12 A.M. | 105 | x. | Stools watery; lochial discharge watery; no tympanitis; tongue very red and excoriated at the edges. |
| | 1 P.M. | | x. | Pill given. |
| | 2 P.M. | | x. | |
| | 3 P.M. | 99 | x. | Pill given at 3, 5, 7, and 9 P.M. |
| | 4 P.M. | | x. | At 10 P.M. vomited about half pint of fluid bitter to the taste; surface cold; a livid red spot on both cheeks, and extremity of nose; features contracted; eyes dull and heavy; pupil natural. Flatulence and pain in the bowels. Administer brandy freely, and apply mustard to extremities with friction. |
| | 6 P.M. | 90 | x. | |
| | 7 P.M. | | vi. | |
| | 8 P.M. | | vi. | |
| | 9 P.M. | 84 | vi. | |
| 28 | 12 A.M. | 60 | | Very feeble; speaks faintly; tenesmus; no evacuation since 9 P.M. |
| | 1 A.M. | 80 | | Sleeps, but not soundly. |
| | 6 A.M. | 84 | | Has taken brandy $\frac{5}{8}$ viii. during night, but no beef tea. Four small watery stools. Pill taken at 12, 3, and 6 A.M. |
| | 1 P.M. | 90 | | |
| | 2 P.M. | 100 | vi. | Lochial discharge reddish. |
| | 3 P.M. | 100 | vi. | P.M., slept two hours. Bowels moved three times; natural color. |
| | 6 P.M. | 76 | vi. | Face flushed; Pill taken at 9 A.M., 6 P.M. and 9 A.M. |
| 29 | 12 A.M. | 84 | | |
| | 8 A.M. | 115 | x. | Slept well; two evacuations. |
| | 11 A.M. | | x. | |
| | 1 P.M. | 111 | viii. | |
| | 3 P.M. | 95 | viii. | |
| | 6 P.M. | 84 | viii. | Pulse fuller; expression more natural; free from pain and soreness; tongue still red and sore at edges; surface natural; secretion of milk increased; strength improving. |
| | 9 P.M. | 84 | viii. | |
| 30 | 12 A.M. | 84 | viii. | |
| | 6 A.M. | 84 | viii. | |

By the occasional use of Veratrum Viride, I kept the pulse at this point for a number of days, when I gradually withdrew it. Under a generous diet she convalesced rapidly, and at this time has regained her usual strength.

We have here a plain and well-marked case of puerperal fever in which the lesion is apparently confined to the uterus, and perhaps the left ovary. None of the characteristic symptoms of metritis are wanting. Carefully recorded experience at the Ward's Island Hospital, led to the conclusion that, however well the opium plan of treatment may be adapted to simple puerperal peritonitis, it is not equally efficacious in inflammation of the uterus or its appendages, except as an allayer of nervous irritation. In Veratrum Viride we have a controller of the circulating apparatus. In the words of Prof. Barker, "by it, the pulse can be brought under voluntary control." That such is the chief indication, every one who has treated the disease in its epidemic form, must be well aware. Indeed we have seen cases in which an accelerated pulse was the only symptom of the disease.

In the case recorded, ten grains of calomel in combination with opium, was given in the outset of the disease. The opium afterward exhibited, was given partially to subdue irritation, but chiefly to check the diarrhoea. We conclude that Veratrum Viride is cumulative; that if suddenly withdrawn, the pulse speedily regains its usual frequency; that long continued, it acts as an irritant to the mucous lining of the intestinal canal; and that, to be safely given, its effects should be closely watched. The physician should, for the time, act both as physician and nurse.

FLUSHING, L. I., Dec. 14th, 1857.

Fibrinous Concretions of the Heart. By E. BLONDET, Interne at the Hotel Dieu, Paris.

[From a valuable series of papers on this subject published in *L'Union Medicale*, during the months of September and October, 1857, the following conclusions are translated for the MONTHLY.—E. H. P.]

I repeat in a few words the principal propositions which I have endeavored to establish. In the first place, the dense, white, resisting fibrinous concretions, occupying the whole or almost the whole of the cavity of the ventricles and auricles, are not formed after death, as has been said, and are not the pure and simple result of the coagulation of the fibrine of the blood after its circulation has been interrupted. This is thus proved:

1st. The quantity of this fibrine is entirely out of proportion to the quantity of globules found in these cases, to such a degree that very frequently the globules are entirely wanting in these masses of coagulated fibrine, and that this fact can only be explained by the continuation of the contractions of the heart.

2d. If it were so—if, as has been maintained, the fibrinous coagulations presenting the characteristics which I have just enumerated, were the purely physical result of the less rapid coagulation of the blood after death, and of the easier precipitation of the globules to the depending parts, a similar effect ought to be produced in all cases, and we ought to meet with this kind of coagulations in all autopsies. It is not so, however. In more than half of the cases, we find clots composed only of blood, which very evidently have coagulated after death.

3d. Most authors, and in our day, all who are of authority in the science, agree in admitting that in certain cases there may be formed in the circulatory system, and especially in the heart, those fibrinous clots, whose presence has been considered as a proximate cause of death. These cases have not yet been well determined, far from it; and no attention has been given to them except in the absence of all anatomical lesion sufficient to account for a fatal termination, and in circumstances which have appeared to be exceptional. Yet the clot which they have there described, differs neither in volume, nor consistence, nor color, nor in any physical characteristic from those which I have dwelt upon, but to which they attach no importance, because there exist at the same time old and grave lesions to which it seems more rational to refer the death. But is it not apparent that such an exclusion must be entirely arbitrary, and that such a mode of reasoning is illogical? We must wholly deny their importance, or must grant it to them in all cases where their physical characteristics are the same; and I believe that there are peremptory reasons for giving to them this importance. The following are some of these reasons: The existence of these coagula during life has been experimentally demonstrated, and *de visu* in animals which have been placed in such conditions as ought to produce them, and their conditions are of precisely the same class as those which I have endeavored to illustrate. This is a first proof which does not allow of much answer.

In man, it is not possible to prove it so directly, yet the presumption acquires a certain degree of evidence from the circumstances which accompany them, and from the symptoms by which they are revealed. The obstacles which they offer to the circulation, the general troubles

which result from them, the local signs by which they are accompanied, testify almost as evidently as immediately, that their formation is prior to death.

I have said, in the second place, that the causes which might produce such coagula were numerous and varied, but that two of them were of great importance—the phlegmasiae, which throw into the blood an excess of fibrin, long since pointed out and perfectly established, which I have only had to allude to in passing—and imperfection of haematoses, another cause, the action of which had been already noted by some observers, but which had not been explicitly pointed out by any one; whether it acts like the preceding by changing the chemical constitution of the blood, or in consequence of the increased difficulty that blood which is not properly haematosed meets with in passing through the lungs, or for any other reason of which we are still ignorant.

At present, it is true we cannot point out any pathognomonic signs of the presence of these concretions, and in view of the great variability in their size and even of their situation, I do not believe we can soon point out any. But we know that such signs are a rare exception in semeiology, yet this is no reason for declining to make a diagnosis. It is almost always possible. I have enumerated the greater part of the symptoms which permit us to recognize them, and I believe it to be especially necessary to take into account the two principal conditions in which these concretions are most frequently met with. Who, in fact, will maintain that the study of causes may not be of prime importance, not only for the treatment but also for the diagnosis of diseases?

These concretions are the immediate cause of death in most organic or dynamic lesions of the respiratory apparatus, provided, that they are sufficiently intense and sufficiently prolonged. They are especially the anatomical characteristic of syncope. There are two kinds of syncope—primitive syncope, of which the point of departure is in the nervous system—and consecutive syncope, in which the nervous system falls into collapse because it does not receive the influence of its natural excitant. It is also the only lesion which is found in the autopsy of certain emphysematous old persons who sometimes die very rapidly, and in a state of health apparently satisfactory, whether it be that death is caused by the increase of the clot, or that it happens all at once in consequence of some displacement of it, in which case it would come into the list of sudden deaths.

Finally, the *embolus* which has been attributed to the concretions

of endo-carditis, is perfectly admissible for the fibrinous concretions. It may produce local gangrenes, not that the portion detached from the heart completely closes the calibre of the vessels, but because it excites around it a process of coagulation which completes the obstruction. This is a cause of senile gangrene, I do not dare to say frequently, because I have observed it only once; but it appears to me to be at least as plausible as that pretended arteritis, of which everybody speaks, and which so few persons have seen.

Selections from Favorite Prescriptions of Living American Practitioners. By HORACE GREEN, M.D., &c.

(CONTINUED.)

Diaphoretics.

Those medicinal agents which promote or increase the insensible transpiration are called *diaphoretics*.

The term *sudorifics* is applied to the same remedies when they produce free perspiration or sweating. Diaphoretics, which operate by promoting diminished, or re-establishing suppressed perspiration, are important agents in the treatment of many forms of disease. They are indicated in some varieties of febrile disease; in chronic cutaneous inflammations, in anasarca, pulmonary catarrh, and in rheumatic and gouty affections.

In common colds, and in pulmonary catarrhs, we have long employed the following mixture with great advantage:

R.—Liquor ammoniæ acetatis, 5ij.

Vini antimoniī,

Tinct. opii camph. aa. 5ss.

Syrupi tolutani, 5j.

Misce.—Fiat mistura sumat. cochl. parv. bis terve in die.

After the exhibition of a cathartic in a severe cold, or in influenza, the above diaphoretic mixture, administered in drachm doses every four or six hours, we have found to be a most valuable remedy.

R.—Liquor ammon. acetatis, 5ij.

Misturae camphoræ, 5ijss.

Vini ipecacuanhæ, 5ss.

Syrupi tolutani, 5j.

M.—Fiat mistura cuius exhibe cochl. mag. sextis horis vel ssepius.

In the commencement of fevers, and other inflammatory affections, the above mixture is a cooling and highly useful diaphoretic.

As a refrigerant and excellent diaphoretic in pneumonia, and in the commencement of febrile diseases, the following is employed:

| | |
|-------------------------|--------|
| R.—Vini antimonii, | 5ss. |
| Potass. nitratis, | 5ij. |
| Liquor ammon. acetatis, | 5iiss. |
| Syrupi tolutan, | 5j. |
| Aquæ puræ. | 5iv. |

M.—Fiat mistura sumat. cochl. mod. tertia vel quartâ quaque horâ.

In the commencement of fevers or other inflammatory diseases, when it is desirable to obtain a purgative and diaphoretic effect, the subjoined mixture may be advantageously employed:

| | |
|-----------------------|---------|
| R.—Magnes. sulph. | 5j. |
| Ant. et potass. tart. | gr. ss. |
| Syrupi simp. | 5j. |
| Aquæ cinnam. | 5ij. |
| Aquæ puræ. | 5v. |

M.—Fiat mistura, sumat. cochleare unum ampl. omni horâ.

As a diaphoretic and alterative in rheumatic and other inflammatory affections, the following pills are useful:

| | |
|-------------------------|--------|
| R.—Pulvis antimonialis, | 5ss. |
| Hydrarg. chlo. mite, | 5j. |
| Opii pulv. | gr. x. |
| Conserv. rosæ. | q. s. |

Divide in pilulas xx. sumat. unam quartis horis.

In acute rheumatism, when an anodyne diaphoretic is indicated, we may employ the following with great advantage:

| | |
|----------------------|-----------|
| R.—Potassæ nitratis, | 5ij. |
| Opii pulv. | gr. xii. |
| Ipecacuanhae pulv. | gr. xvij. |

M.—Fiant pulv. xii. cujus sumat. unum horâ somni.

When a still more powerful diaphoretic is required, as in the treatment of dropsical affections, and in the early stage of acute bronchitis, we may have recourse to the following pill:

| | |
|-------------------------|----------|
| R.—Pulvis ipecac. comp. | 5j. |
| Ant. et potass. tart. | gr. iij. |
| Hydrarg. chlorid mite, | gr. xii. |
| Mucil. acacie, | q.s. |

Misce.—Fiant pil. xii. cujus sumantur ij. mane nocteque.

If, after taking the above pills, the patient shall drink plentifully of warm fluids, a free perspiration will be likely to ensue.

In the commencement of fevers, and in catarrhal affections, attended with increased vascular action, the following is a useful diaphoretic:

R.—Liquor ammon. acetatis, ʒij.

Spirit æther nitrici,

Vini antimonii, aa. ʒss.

Syrupi acaciæ, ʒj.

Misce.—Fiat mistura. Cap. cochl. parv. quâque horâ.

Vel:

R.—Ant. et potass. tart. gr. ijss.

Aquæ cinnam. ʒij.

Syrupi simp. ʒss.

Aquæ puræ, ʒiiss.

M.—Fiat mist. ejus sumat. cochl. parv. secundâ vel tertiatâ horâ.

Diuretics.

Diuretics are a class of remedies which have the property of augmenting the secretion of urine.

Some diuretic agents, being absorbed by the mucous or cutaneous surfaces, are received into the circulation, and act by directly stimulating the kidneys to secrete an increased quantity of urine. Other remedies of this class, by making a general impression on the absorbent system, act indirectly or secondarily, exercising in this way an influence on the amount of urine secreted.

It is important to recollect that the diuretic treatment is ordinarily merely secondary; and is not generally indicated until other remedies, which have reference to the primary cause of the disease, have been employed. "Like all medicines endowed with special properties, diuretics require two conditions to produce their effects. The first is, that the organ into which they are introduced should be exempt from inflammation; and secondly, that the organ on which they are intended to act, after being absorbed, should be a healthy one. Let the stomach be inflamed, and diuretics will increase the inflammation without producing the diuretic effect; or let the kidney be inflamed, and we shall only inflame it still more without increasing its secretion." *

If administered on an empty stomach, and followed by gentle exercise in the open air, or if the surface of the body be kept cool, diluent drinks taken freely, the operation of diuretics will be greatly promoted.

R.—Infus. juniperi, ʒvss.

Spirit æther nitrici,

Tinct. cinch. co. aa. ʒj.

Tinct. cardamon, ʒss.

Misce.—Fiat mistura; capiat cochl. mag. ter quarterve horis.

The above diuretic mixture has been found very beneficial in ana-sarca attended with much debility.

* Manual of Therapeutics, p. 301.

When it is desirable to promote free diuresis, in cases of general effusion into the whole cellular tissue, the subjoined mixture can be relied upon as a most useful diuretic:

| | |
|----------------------------------|---------|
| R.—Infusi. digitalis, | 5vi. |
| Hydrarg. chlo. corrosiv. gr. ij. | |
| Tinct. cantharid. | f. 5ij. |
| Aquæ menth. pip. | 5ij. |

M.—Fiat mistura; sumat. cochl. mag. bis terva in die.

In hydrothorax and other forms of dropsical effusions, where a tonic is indicated, the following diuretic combination has been much recommended:

| | |
|----------------------|---------|
| R.—Misturæ camphoræ, | 5viiss. |
| Spir. æther. nitric. | 5j. |
| Tinct. digitalis, | 5ss. |
| Tinct. opii, | f. 5ij. |
| Tinct. columb. | 5j. |

Misce.—Fiat mistura; sumat. cochl. mag. bis quotidie.

Should a still more powerful diuretic be required, the subjoined may be substituted:

| | |
|---------------------|------|
| R.—Tinct. colchici. | 5ss. |
| Infus. juniperi, | 5vi. |
| Tinct. aurant comp. | 5j. |
| Potassæ carb. | 5ij. |
| Potassæ nitrat. | 5j. |

M.—Fiat mist. capiat cochl. larga i. vel ij. ter quaterve in die.

In the treatment of the different forms of anasarca, but particularly in that which arises from diseased heart, we have employed for many years, and frequently with great advantage, the following diuretic combination:

| | |
|-------------------|---------|
| R.—Vini colchici, | f. 5ij. |
| Tinct. digitalis, | f. 5vi. |
| Potass. iodid. | 5iiss. |
| Syr. sarsæ. comp. | 5ij. |
| Aquæ puræ, | 5ij. |

Misce.—Fiat mistura; cuius sumat. cochl. parv. ter quaterve in die.

By some practitioners elaterium is esteemed a most valuable diuretic, especially in anasarca consequent on cardiac disease.

| | |
|--------------------|---------|
| R.—Elaterii, | gr. v. |
| Digitalis pulv. | gr. xv. |
| Extracti gentianæ, | 5j. |

M.—Fiat massa et div. in pilulas xx. quarum capiat unam mane nocteque.

| | |
|------------------------------|---------|
| R.—Aquæ fœniculi dulcis, | 5vi. |
| Tinct. cantharid. | f. 5ij. |
| Spirit æther nitrici, | |
| Syrupi cort. aurant. aa. 5j. | |

Misce.—Fiat mistura; sumat. cochl. i. ampl. pro re nata.

The above mixture is a very pleasant, and quite an active diuretic.

In some cases of anasarca, where the disease is attended with, or proceeds from debility, the following tonic and diuretic may be exhibited frequently with great advantage:

| | |
|------------------------|---------|
| R.—Tinct. cinch. comp. | 5ij. |
| Tinct. cardamom comp. | 3ij. |
| Tinct. cantharid. | f. 5ij. |
| Syr. acacieæ. | 5j. |

Misce.—Fiat mistura; sumat. cochlearia duo parv. ter die.

With some practitioners, the subjoined stimulant diuretic is a favorite remedy in general anasarca attended with debility:

| | |
|---------------------|------|
| R.—Juniperi fructi. | 5ij. |
| Potass nitrat. | 5ss. |
| Vini albi. | Oij. |

Macera per horas duodecim; sumat. cochl. duo ampl. bis terva in die.

Cases of Falling of the Rectum—Cauterization of the margin of the Anus by the method of M. Guersant—Cure. By Dr. L. VEILLARD.

[Translated for the MONTHLY, from *l'Union Médicale*, of November, 1837, by E. H. P.]

Cauterization of the anus in cases of falling of the rectum, is an effective mode of treatment, exempt from difficulties and dangers; and although its happy effects have already been shown in several publications, we think it wise to report here the remarkable results obtained by it at the Children's Hospital. For ten years past, M. Guersant has there performed this operation about twelve times a year, and has also performed it in his city practice. This judicious observer has, then, such an experience of facts that his opinion on this matter ought to have great authority, and we say at once, that he places in the first rank the cauterization of the anus as a cure of prolapsus of the rectum.

In view of the success of M. Guersant, of which we have many times been a witness, a success almost constant in the absence of every kind of accident, we could wish to see this operation enjoy the fame which it deserves. But it is far from doing so, and we ought not to be astonished at it when Dupuytren, himself, dreaded for his patients the pain which it produced, and the grievous inflammation of the intestine and of the neck of the bladder, which it might cause.

Let us say at first what is to be understood by falling of the rectum. It is an accident which must not be confounded with procidentia by intussusception of a portion, more or less high up, more or less exten-

sive, of the intestine through the anus. The former of these affections is confined usually to procidentia of the mucous coat, sometimes to procidentia of all the coats of the rectum, as Blandin has proved anatomically, and we believe we may add to this the procidentia of the anal pouch, of which M. Ph. Boyer gives an interesting case in his notes,* the other depends on a true intestinal invagination.

In both these cases there is tumor projecting from the anal sphincter. In the first, this tumor is continuous with the margin of the anus, so that a probe cannot be made to pass between it and the intestine. In the second, it passes through the anus without adhering to it, so that a probe can be carried up on its sides to a greater or less distance, in the rectum.

Where there is simply falling of the rectum, it is frequently very difficult to ascertain whether the tumor is formed by the mucous coat above, or by the whole thickness of the intestine. This distinction is certainly founded on pathological anatomy, but at the bedside of the patient is it possible to distinguish certainly one change from the other? Authors advise us to examine the organs in relation with the intestine, and which are too firmly united to it not to be dragged with it when it is displaced in its totality. In woman, for example, when the vagina and the uterus are in their natural position the tumor ought to consist only of the mucous membrane, which becomes relaxed, leaves the other intestinal tunics and protrudes externally, folding upon itself. This is what is very generally found in children.

However, the treatment by the actual cautery is applicable to both kinds of falling of the rectum.

The tumor may be reducible or irreducible; may remain till the next stool, or return immediately after the reduction. This distinction is also of importance in the treatment.

It is not improper here to glance at the causes and the progress of this affection, in order that we may arrive at correct therapeutic indications, and be able properly to appreciate the effects of treatment. The causes of falling of the rectum are predisposing and determining. In all cases, for the production of the accident, it is necessary that the equilibrium which exists between the sphincters and levator ani, and their antagonist muscles, should be destroyed. Everything which tends to produce atony of the defecating apparatus ought to be counted as a predisposing cause; a general weakness, the paralysis of the sphincters, or of the levator ani, a chronic diarrhoea, etc., should be counted as a determining cause; all exertion which

* *Malad. Chirurg.* Boyer, t. vi., p. 581.

provokes too frequent or too strong expulsive efforts towards the anus, dysentery, constipation, tumors developed in the rectum, diseases of the urinary organs which prevent the free flow of the urine, (for defecation and micturition are performed at the same time, when one of these functions is obstructed,) labor, etc., whichever it may be, the tonicity of the sphincters and of the levator is already altered, or else the contractions of the antagonist muscles end by weakening and overcoming it. A determining cause may then have been a predisposing cause.

Here is a passage from an interesting work communicated to the Academy of Medicine, on the 16th day of August, 1853, by M. Duchaussoy, which well expresses the fact. After having said that, in children, falling of the rectum, independent of a well-marked surgical affection, has for its cause, diarrhoea or constipation, a constitution naturally feeble or debilitated by long disease, he adds, "under the influence of frequent liquid stools, all the coats of the intestine, but especially the mucous, the surrounding cellular tissue, and even the sphincter muscles and the levator ani, lose their normal tonicity and become relaxed. On the other side, the repeated and violent efforts required for defecation in children habitually constipated, cannot be harmless to the sphincter, and perhaps to the levator ani; for we know that if a moderate and regular exercise of our organs, and of the muscles particularly, tends to increase their volume and their power, fatigue too frequently repeated, on the contrary, causes perceptible losses, which may extend even to complete exhaustion of their power. One is thus led to believe that the exertions of constipated patients may so overpower the resistance of the antagonist muscular fibre as to make it lose all tonicity. This method of interpreting the etiology permits us to conclude that the two causes here enunciated do not produce falling of the rectum until they have caused an atony of a portion of the muscular apparatus of defecation. Diarrhoea and constipation, it is true, produce a previous change in the mucous coat sufficient to permit its turning out, but the persistence of their action ends by opening the barrier which sets free the mucous membrane."

Then there is dilatation of the sphincter, and considerable relaxation of the membranes of the intestine, especially of the mucous membrane and of the skin which is continuous with it externally. The cellular tissue which envelopes these latter acquires such a suppleness, especially in children, that it permits them to slide with an astonishing facility and at the least effort upon the surfaces which they

naturally cover, and which, in the normal state, they follow in their movements.

Thus, in children, there may be only a turning out of the mucous membrane which escapes from the anus in defecation, but as soon as the efforts necessary for the expulsion of the excrements have ceased, it returns spontaneously, or if it remains out, simple pressure of the fingers, directed from below upwards, and from forward back, suffices to make it return. It is then that the disappearance of the diarrhoea, or of the constipation, the increase in age, or invigorating treatment is sufficient to effect a cure. But frequently, a long time is required for this purpose, and we cannot depend upon it in a hospital. On the other hand, it is not rare to meet with subjects who have every appearance of health and in whom the organs of defecation, too long fatigued, cannot recover their tonicity without the assistance of surgery.

It is in adults and old people that falling of the rectum is observed with all the accidents which can produce it. Its obstinacy is then frequently the torment of practitioners and the despair of patients. If the tumor is reducible after each stool, then it is only an infirmity painful, no doubt, but which does not endanger life; but if it is irreducible, it may strangulate under the action of the sphincter, inflame, become gangrenous, and give rise to the most alarming symptoms. Patients ought not, then, to neglect attending to the disease at its commencement.

The treatment of this affection is of two kinds—one palliative, and the other curative. We shall here speak only of the surgical treatment, which is, without contradiction, much more prompt and more sure in its results.

After the considerations on which we have just entered, what ought we to propose? Evidently to combat by appropriate means the surgical causes when they exist; to put a stop to the excessive dilatability of the sphincter; to give more tone to the tissues about the anus. Nothing is more fit to fill these two latter indications than cauterization and excision. There is a great analogy between these two methods, which have followed nearly the same phases. For this reason, in speaking of one we cannot pass by the other in silence.

Excision, since it has been modified by Dupuytren, is considered, and with reason, as an excellent therapeutic means. Why should it not be the same with cauterization, now that M. Guersant has made it an operation as simple, and as little cruel as its results are certain? It is not so, however. We find in all authors descriptions of total or

partial excision of the tumor, and of excision of the radiating folds of the anus. But as to cauterization—some pass it by in silence; others describe different methods, without objection, however, and do not speak of that of M. Guersant. Finally, there are those who oppose it as dangerous.

This method, which was used by the ancients—which was praised by M. A. Severin, and pointed out by Sabatier, has been employed but little, so that we find in the books almost no well-detailed case of treatment of falling of the rectum by fire. It has been otherwise mentioned in different ways. In principle, it consists in drawing a red-hot iron over several points of the projecting tumor. A Belgian surgeon, Kluyskens, has performed, near our own times, two remarkable cures. In the first case, he treated a young man 22 years old, who had had a falling of the mucous membrane of the rectum, which made a tumor as large as the fist, which was reducible, but could not be retained. He had haemorrhages, deranged digestion, and was wasting away, when he was cured in two months, by seven or eight applications of the red-hot iron, made at intervals of five days over the whole surface of the tumor.

In the second case, published in the "*Belgian Medical Observer*," (1834,) it was a woman 30 years old, who presented nearly the same symptoms. Three olive-shaped cauteries were carried by turns over the tumor, and the surgeon took care to introduce their point into the anal opening so as to touch all the projecting parts, and to produce eschars upon them. One application was sufficient for the cure. Kluyskens was then more bold than in the first case, and he had no occasion to regret it.

M. Begin uses a rose-shaped cautery, a flat cautery, and an olive-shaped cautery. The patient being placed on the right side with the thigh flexed, the left being extended, the tumor protruding, yet with the precaution to return a sufficient portion if the prolapsus is very great, the surgeon carries the rose cautery at a white heat into the anal orifice to the depth of about one centimetre, (0.39 of an inch.) When it is cool, the flat cautery is carried rapidly over the tumor, the borders of which are touched with the same instrument; and finally, the cauterization is finished with the olive-shaped cautery, which is better than the others for reaching the bottom of the circular furrow which separates the projecting tumor from the tissues of the anus.

M. Sedillot advises to reduce the tumor, and to carry rapidly into the anus a rose or olive-shaped cautery, which soon cools from the moisture of the part, and that should then be replaced by another.

He knows, he says, of a remarkable success obtained in this way by M. Barthelemy, of Saumur.

Lepelletier, of Sarthe, in his thesis at the Concours, in 1834, though entirely disapproving of cauterization, said that the least objectionable appeared to him to be that in which, by means of an edged cautery, several lines are traced along the length of the intestine.

Vidal, (de Cassis,) thus describes this operation: The patient is told to bear down to render the anus as projecting as possible; with an edged cautery at a white heat, lines are drawn more numerous in proportion to the greater size of the tumor and to the facility of its reproduction.

M. Malgaigne, who speaks of the same proceeding, recommends not to go with the cautery beyond the skin, and to follow the same rules for the number of lines as in excision of the folds of the anus.

In short, the proceedings hitherto described may be thus classified:
I. Operations which are performed on the unreduced tumor, which consist, *first*, in reducing to eschars the projecting parts; *second*, in applying the red-hot iron to different points of the external tumor.
II. Operations which are performed after the reduction of the tumor; *first*, by introducing into the anus a rose or olive-shaped cautery; *second*, by drawing lines with an edged cautery along different parts of the circumference of the anus.

Corresponding operations are performed with cutting instruments; total or partial excision of the unreduced tumor, and after reduction, excision of the radiating folds of the anus. Hey, of Leids, in 1688, removed all the tegumentary projections and haemorrhoidal tumors which were connected with it. He thus made a circular wound which produced a firmer adherence of the rectum to the surrounding parts, and a stronger closure of the sphincter of the anus. Sabatier and Heustis, also, completely removed the rectal tumor; the former with scissors curved on the flat; the latter, with the bistoury. Dupuytren thought that good results might be obtained by removing longitudinal strips of the mucous membrane by means of a dissecting forceps and curved scissors. This operation has succeeded, but it is easy to see that there is danger of haemorrhages, difficult to arrest, and besides, it has been supplanted by excision of the radiating folds, formed by the mucous membrane and the skin around the anus.

After the comparison which we have thus made, let us seek for the cause of the disease into which cauterization has fallen. We find it rather in the apprehension which it excites in the mind, than in the disastrous results, for no case is brought forward to discredit it; and

it appears to us, after the numerous clinical facts which we have observed, that if it had been seriously tried, it would have been placed, at least, on a level with excision for fulfilling the same indications.

If it had been performed in only one way, this way might have been bad and been attacked with reason; but the proceedings are various, and the opinions concerning them are always rather unfavorable. It is, therefore, the cauterization which is objected to.

Here are some of the opinions of this method which we have collected from authors who have not disdained to speak of it:

Lepelletier, after having given a description of cauterization, adds: "However, this proceeding, on account of the pain which it produces, the violent inflammation and prolonged suppuration which ordinarily follow its use, and the subsequent degenerations to which it may expose one, especially with a bad constitution, appears to deserve the neglect to which all practitioners have condemned it, in the curative treatment of this disease as well as of haemorrhoids."

The cauterization praised by M. A. Severin, says Blandin,* is only proper, in our opinion, for arresting the haemorrhage which occurs sometimes after excision. Amputation of the tumor, either by means of the bistoury, or of the ligature, excision of the radiating folds of the anus may, according to the case, be resorted to with advantage.

Sanson admits of cauterization only under the following circumstances: "After the operation of Dupuytren, haemorrhage does not occur, but if the accident should be met with, it would be easy to remedy it by applying the actual cautery."†

Dupuytren advises us to arrest the haemorrhage in the same way. "It is necessary, then, to have recourse to excision of the tumor, or a portion only of the tumor which protrudes, and of the haemorrhoids which may exist on the mucous surface. But this excision," adds the professor, "which sound practitioners, and among others, Sabatier, have praised, exposes to accidents, and especially to a haemorrhage, which may become serious, and which has sometimes been fatal. The removal of a greater or less portion of the mucous membrane of the tumor and of the haemorrhoidal projections, followed by cauterization with an ordinary cautery, at a red heat, independently of the acute pain which it produces, would excite a violent and more or less troublesome inflammation of the intestine and of the neck of the bladder"‡. It is true, that we read on page 159 that if there should be a great

* Dict. de Med. et de Chirurg. prat., 1835.

† Roche and Sanson nouveaux elem. de pat. Med. Chirurg.

‡ Leçons Cliniques, t. iv., p. 151.

flow of blood after excision of the folds of the anus, it would be better to arrest it by the application of the actual cautery, than to employ a tampon, a method on which experience has proved that we can depend but little.

Vidal gives the following opinion of the method which he describes: "By the cautery, we hope to cause the formation of nodular tissue, which it is known has a very marked property of contraction. This method, which is not without inconvenience, and which may excite a severe rectitis, is not more infallible than resection."

M. Malgaigne thinks that Dupuytren's excision is more simple and less terrifying than cauterization. But, on the other hand, when the falling of the rectum is complicated with haemorrhoids, haemorrhage may follow it, and cauterization, which is also more efficacious, then deserves the preference.

In general, then, objection is made to cauterization, that it frightens the patients; that it produces severe pains, violent inflammations, and a prolonged suppuration; and that it exposes the patient to subsequent degenerations. Let us see how well founded these objections are. And first, the pain caused by the cautery at a white heat is not more intolerable than that produced by a bistoury, the operation occupying the same time. What is more, in the case of the woman he cured, Kluyskens noted that the patient who had made a great outcry at the preparations for the operation, made none during the operation itself.

The applications of moxas, of Vienna paste, etc., are more painful than a rapid cauterization with a red-hot iron, and yet children bear it readily. Besides, the pain and fright which patients experience are annihilated by chloroform, which is also employed with the knife.

It is the same with inflammation. The cautery does not produce it any more than Vienna paste, and we have often seen M. Guersant smear over erectile tumors and cauterize the margin of the anus with the actual cautery without ever causing any accidents from inflammation. We have also seen applied, and have applied in the hospitals and city practice, many hundreds of patches of Vienna paste to different parts of the body without having to regret the least accident. M. Ph. Boyer has destroyed with success, by the cautery, at a white heat, an immense quantity of hemorrhoidal tumors.

We cannot grant so great impunity to cuts with the knife; and we know that some threads passed into an erectile tumor on a child of a high family, and the incision of a little tumor on the forehead of a lady of quality, gave rise, in the hands of a distinguished surgeon, to

erysipelas, of which the terminations were fatal. The cautery inflames less than many proceedings which appear to be entirely inoffensive.

The objection to the prolonged suppuration which would follow the action of the red-hot iron, does not appear to us to be any better founded. It is true, that the inflammation necessary to the elimination of the eschar, results in a suppuration more or less abundant, according to the extent of the part burned; but on the separation of this eschar, we find ourselves with a wound of a good character, the cicatrization of which will be at least as prompt as that of a wound made by the knife. Besides, the eschars are never extensive enough to produce long and dangerous suppuration; and when they are limited, as in M. Guersant's method, the cure takes place as soon, and frequently sooner than by Dupuytren's excisions. The eschars fall off on the fourth or fifth day and cicatrization takes places from the eighth to the tenth. It is evident that if we attempted to obtain a union by first intention, a cutting instrument alone must be used.

As to the subsequent degenerations to which the cautery *may* expose one, we do not know that any one has ever observed them, and the author himself only supposes it.

As can be seen, the more or less exaggerated objections which we have just reviewed, cannot, at most, apply, except to the old methods of cauterization, which correspond to the total or partial excision of the tumor. This excision which Dupuytren himself considered dangerous, may compromise life, and has been frequently practised. We have nothing to fear from cauterization, and yet it has been completely abandoned.

Almost all of the other passages which we have cited, admit of cauterization only to arrest haemorrhage consecutive to excision. Blan-din and Sanson advise it in this case. Dupuytren, though pointing it out, dreads it. Vidal de Cassis, who describes it as a means of cure, has but little confidence in it for this purpose, and suspects it of producing grave rectitis. It is M. Malgaigne who appears to us to judge wisely in the matter; but he thinks cauterization is less simple than excision. Yet we can almost anywhere improvise a cautery, the application of which will be, in our opinion, easier than excision, which requires the raising of a certain number of radiating folds by means of a dissecting forceps with wide teeth, or mouse teeth, and their removal by the scissors curved on the flat.

In a word, after having seen the actual and potential cautery used skilfully and successfully a very great number of times in the hospi-

tals, and especially at the Children's and Midi, without ever having seen any accidents—remembering, on the other hand, that it is not rare to see a cutting instrument produce erysipelas, inflammation, and haemorrhage—we do not hesitate to put total or partial cauterization of the rectal tumor much before the corresponding operation by excision; and as excision of the radiating folds of the anus is the operation by the knife, which is the most frequently indicated, we prefer to it of the cauterizations described, that which consists in making radiating lines with a cautery, following the same principles as for excision of the folds of the anus.

M. Malgaigne advises not to penetrate beyond the skin. M. Guer-
sant, on the contrary, involves not only the skin but the sphincter
muscle; and it is, perhaps, for this reason that with so small cauter-
izations he obtains so good results.

We cannot do better than to reproduce here a fragment of one of
those excellent lectures which he delivers on Thursdays at the hospi-
tal (des Enfants malades, enfant Jesus.)

"When children have falling of the rectum and the different means
used in such cases fail, if the constipation which is the cause of it
does not yield to the different kinds of laxatives; if in other cases the
diarrhoea persists, an operation appears to us to be necessary.

"Excision of the radiating folds of the anus, practised by Dupuy-
tren, having failed many times in our hands, and believing that the
falling of the rectum was frequently due to want of action in the
sphincter, we have for a long time thought that by acting upon the
sphincter at the same time that we did upon the skin, by means of
the actual cautery, we could easily remedy the defect in the contract-
ility of that muscle. Yet we have not been willing to practise, as
was formerly done, complete cauterization of the mucous tumor which
projects from the anus, but we are content usually with proceeding
in the following manner. The patient who has been dieted and taken
an injection a little while before the operation, so as to have the intest-
ine empty, is laid upon the side, the thighs flexed upon the pelvis,
the tumor reduced.

"An assistant draws away one of the nates, and we draw away the
other with the left hand, reserving the right for performing the cau-
terization.

"We have used for this purpose, sometimes a little cautery shaped
like those used by dentists; sometimes a simple curved steel stilet.
At the present, we use a metallic point, mounted on a little spherical
cautery, analogous to that which we use in the cauterization of erect-

ile tumors. The important thing in this operation appears to us to consist in the application of a small metallic point at the four different points of the circumference of the anus—one at the posterior part, corresponding to the coccyx, another in front, opposite to the preceding, and the two others on the sides. We have noticed that these cauterizations succeed better in proportion as they pass through the skin and penetrate to the sphincter. It also appears to be indispensable for success, to draw well out the circumference of the anus, and to place the point of the cautery, forcing it in some millimetres, just at the union of the skin with the mucous membrane.

"It will be understood that, to operate with certainty, it is necessary to put the child under the influence of chloroform, and to have the cautery at a white heat.

"If, during the operation, the rectum protrudes, we incline it to the side opposite the point we are cauterizing.

"After the operation, we do not make any particular dressing, but content ourselves with using cool lotions.

"Some children are cured from the day after the operation; but this is the smallest number. It happens that the falling may reappear several days, and that the cure takes place only at the end of eight or ten days, when cicatrization is complete. It is at this time that occasionally a second cauterization is necessary; but we have rarely been obliged to resort to that. It will be understood that this method, which with us succeeds, so to speak, constantly, may fail in some circumstances. We recommend it as a method very generally successful, but not infallible. The incision of Dupuytren involves only the skin. With the heated points we pierce the skin and act upon the muscle; and moreover, as with most operations done with the red-hot iron, we do not have to apprehend, as we do in using the knife, erysipelas and inflammations, never having been obliged to combat them."

We could furnish in support of this proceeding a large number of cases, collected in the wards of M. Guersant, but they resemble each other so much, that a few will be sufficient to show the manner in which things are done.

Case I.—Jules Servoise, $2\frac{1}{2}$ years old, entered the hospital, January 9, 1854. Constitution good; no porrigo. No preceding disease. The mother observed five months ago, that after the efforts which the child made on going to stool, a large red tumor formed at the anus, the reduction of which became gradually more and more difficult. Up to the time of the first manifestation of falling of the rectum the

child had frequently been constipated. After the appearance of that difficulty, diarrhoea alternated with the constipation without alteration of the health. Inspection and examination show a marked dilatation of the anus, which allows two fingers to be passed through without meeting with the least obstruction.

January 12.—The child was chloroformed and the operation was performed with a small conical cautery, analogous to that which is used for the teeth. It was applied at the four points above designated, and which M. Guersant calls the *four cardinal points*.

13th.—The little patient is in a very satisfactory condition, and complains of a pain not very acute in the affected region.

14th.—A stool of natural consistence, without falling of the rectal mucous membrane.

15th.—Two stools. The falling returned. The eschars began to separate. From the 15th to the 18th, condition the same; the mucous membrane forms a tumor when he defecates; but from the 18th to the 22d there was a kind of relapse; there were about three stools a day with the same falling, and the reduction was very painful. The eschars have fallen, and in their place there are small linear ulcerations.

23d.—The mucous membrane escaped but once with three stools. From this moment there was no more falling, and the little patient left the hospital on the 30th in the most satisfactory condition.

Case II. Adolphine Cotelier, $2\frac{1}{2}$ years old, came back from the nurse in a condition of great debility. Epistaxis frequent; face pale; lips colorless; frequent diarrhoea. Every time she went to stool there was falling of the mucous membrane of the rectum. Upon her admission, October 29, 1855, to the Ward of Saint Theresa, she was placed upon a course to build her up again. By degrees the epistaxis disappeared, the face gained color, the flesh returned, the diarrhoea stopped, but the falling of the rectum continued as before.

November 22d, M. Guersant applied the cautery, as in the preceding case. The rectal mucous membrane continued to fall till the 6th of December. At this time the small wounds were cicatrized, and from this moment the child was cured. She went out on the 16th of December, and would have been brought back if there had been any relapse. The cure continues.

It required eleven days to obtain a cure in the first case, and fourteen in the second. The general condition of the first patient was satisfactory; that of the second was worse. Notice that the surgeon used a small conical cautery, which did not penetrate deeply into the tissues, and which, notwithstanding, produced on the whole, more con-

siderable losses of substance than those occasioned by the metallic point mounted on a spherical cautery, and which was used in the following cases.

Case III. Armand Daumartin, 10 years old, entered the Saint Come Ward, January 31, 1854. Temperament lymphatic; no previous diseases; nothing the matter with the urinary organs; no cause for frequent straining; stools regular; neither constipation nor diarrhoea. The father stated that the trouble had existed from birth.

February 2d.—The operation was performed by M. Guersant, who, instead of the conical cautery, previously substituted for the olive-shaped cautery, used a cautery similar to that which he has used for the cauterization of erectile tumors. The points cauterized were the same as those pointed out in the preceding cases. Here the cauterization is smaller but deeper, and the heated points are forced down to the anal sphincter.

February 3d.—No stools. 4th, one stool; no falling of the rectum. 7th, examination of the anus; small, irregular ulcerations situated almost entirely on the mucous membrane. The anus is still dilatable. From the 8th to the 11th, the same condition. 12th, cicatrization of the small wounds; the finger is pressed, though feebly, upon its introduction into the anus. 15th, the little patient presents nothing abnormal. He went out from the hospital on the 25th without the cure being falsified a single instant.

The cure was obtained in this case after a single cauterization, although the patient was ten years old. The cautery was carried down to the sphincter. Is it to this circumstance or to the greater strength of the patient that the success is to be attributed? Here are other cases which show that it is to the method of operating.

Case IV. Marguerite Grimmer, $2\frac{1}{2}$ years old, entered the Saint Therisa Ward on the 30th of July, 1855. This child, of a pitiful appearance, has never had any severe sickness. She has no symptoms of scrofula, and is disposed to constipation rather than diarrhoea. Two months since, her parents saw that the rectal mucous membrane came out, especially after the stools, and they returned it easily enough, but it returned sometimes a minute after without there being any efforts to defecate. When the little girl entered the hospital her rectum was down. It was returned without much difficulty, and then two or three fingers could be passed into the rectum.

August 2d.—The same cautery used in the preceding case was applied at four points of the circumference of the anus at the junction of

the mucous membrane with the skin. The falling of the rectum did not return, and the patient went out cured, on the 24th of August.

The affection in this child was of only two months' standing, while in cases I. and II. of the same age, it dated farther back; but on the other hand, this case was much more severe than those preceding.

Case V. Felix Andre, 8 years old, entered the St. Come Ward, January 28, 1856. He had enlarged glands in the neck and porrigo on his head; he is pale, poor, and subject to diarrhoea for several years. His father traced the disease back for about five years. On the same day the operation was performed, and in the same manner as in the two preceding cases. The falling did not return after the first cauterization.

Case VI. Martin, twelve years old, was admitted to the hospital, August 31, 1857. This child had on his neck marks of several ganglionary abscesses. However, he ordinarily enjoyed good health. He had the measles when seven years old, typhoid fever when eight, and cholera some months after, in 1852. During his cholera he had a falling of the rectum, for which he was treated to no purpose at the Child's Hospital, by astringent ointments. He re-entered the hospital on the 31st of last August, to be cauterized by M. Guersaut.

The operation was performed on the 10th of September with the same metallic point. After this time the prolapsus did not return.

September 26th.—The small wounds following the burning finished cicatrizing, and the child went easily to the water closet once a day without passing anything abnormal. He went out from the hospital, and came back to see us on the 3d of October, completely cured.

Conclusions.—In going over nearly all that has been written concerning falling of the rectum, we come to the conclusion that the knife and cautery have given good results. But as the first means may produce haemorrhage, which, almost unanimously, it is advised to stop by the red-hot iron, as, on the other hand, this latter method appears more efficacious than excision, we think it better to commence with that.

In drawing a parallel between the effects of the cautery in general, and those of cutting instruments, it would not be very rational to be afraid of the cautery in cases where the bistoury does not appear to be dangerous.

The cautery, as authors acknowledge, being applicable to all those cases in which the bistoury endangers serious haemorrhages, why proscribe it in other cases?

Of all the operations performed with the knife, that most fre-

quently indicated is the method of Dupuytren, which is the simplest, most elegant, and is not dangerous. This, it is our advice, unless there is some particular susceptibility on the part of patients, to replace by the method of Guersant, which is easier, and which, with a still more limited loss of substance, produces in children more constant effects. The unsuccessful case quoted in Dupuytren's clinic was in a child, and was attributed to the cries and indocility of the little patient. But the skillful surgeon of the Children's Hospital has seen excision of the radiating folds of the anus performed with entire freedom, frequently fail in young subjects, otherwise he would not have substituted cauterization for it. This proves that falling of the rectum is not in them so easy to cure, as is often said.

One more question: Does cauterization act by producing adhesions between the mucous membrane and the subjacent tissues, by contracting the anus by the formation of nodular tissue, which has a very marked power of contraction, or by contractions of the sphincters?

We think, without absolutely rejecting the other causes, that the cure cannot take place unless the sphincters have recovered their natural tonicity. The following arguments seem to be in favor of this opinion. Extensive adhesions, (and it is necessary that they should be extensive to be of any importance in the cure,) produced artificially in an organ required to dilate and contract, and which needs to be very supple, could not remain a long time without interfering with the functions of that organ. On the other hand, it could only be an enormous loss of substance which could contract the anus sufficiently to prevent prolapsus of the rectum; the small quantity of nodular tissue which has been formed is not sufficient to produce such a result. Besides, it is necessary that the anus should continue to be dilatable for the passage of the excrements.

It is not, then, to so mechanical a cause that the cure must be attributed, but to a physiological cause, viz., the re-establishment of the tonicity of those muscles which have lost it.

It may be objected that excision and superficial cauterization, though they have no direct action upon the sphincters, still effect a cure. But the pain excites contraction of these muscles; the inflammation extends from the skin to the cellular tissue and the sphincters, and for a few days there is pain when the patients go to stool. The inflammation soon abates, the sphincters relax, but they are thenceforth ready to contract at the least effort.

M. Demaraquy has obtained a cure by galvano-puncture, but he

was obliged for fifteen days in succession to galvanize the sphincters and the levator ani, for some minutes.

M. Guersant has obtained more prompt results, since he penetrates deeper than the skin with the metallic point of which we have spoken. Finally, we recall the experiments of Dr. Duchaussoy with strychnine. Wishing to give tone to the muscles of defecation which were deficient in it, he thought of applying small ammoniacal blisters sprinkled with this alkaloid to the margin of the anus, and his experiments were successful. There is in the *Gazette des Hopitaux*, of the last of August, 1853, a conclusive case. He treated a little girl 11 years old, who had had falling of the rectum four years, it having become 10 centimetres long. This child had signs of scrofula, and was ordinarily constipated. The dilatation of the anus allowed four fingers to be carried in.

On the evening of the 13th, he applied a small blister at the point where M. Guersant makes his first cauterization, and sprinkled it with .01 gr. of strychnine. He increased the quantity gradually to .03 gr. applying two new blisters. The child had twitchings of the lower limbs, and the mucous membrane which had continued to come out during the first days of the treatment did not after the 18th of the same month, that is to say at the end of five days.

We prefer cauterization because it requires infinitely less caution than strychnine, which is undoubtedly a powerful, but double-edged weapon.

Popliteal Aneurism cured by Digital Compression. Translated for the
MONTHLY, by J. H. D.

M. Verneuil, in the *Gazette Hebdomadaire*, for October 30, 1856, has analyzed several cases of popliteal aneurism reported to the Surgical Society of Paris, as cured by digital compression. From these he draws the following favorable conclusions:

1. Indirect digital compression, continued or even intermittent, executed by the able hands of aids or by the patients, can alone, or without the anterior or ulterior assistance of any other means, cure aneurisms.
2. Associated with the tourniquet and alternating with it, it has produced cures equally rapid and of a great simplicity. In general, the success is not slow in taking place, when the trial is to be successful.
3. By itself, it has cured aneurism when the mechanical compression was impracticable, or was necessarily abandoned; better supported, in

fact, than the latter. Digital compression can be applied upon points where the skin is already inflamed.

4. This compression is the most efficacious and the least painful of all; it permits us to act only upon the artery, avoiding the nerves and adjoining veins, and carefully managing the skin.

5. Digital compression can fail, but in this event it usually modifies to advantage the condition of the aneurism.

6. It is reasonable to believe, that alone it would have succeeded oftener if it had been practised with more perseverance and regularity than has been done in the cases cited.

7. Until now, no accident of any kind has been attributed to this process.

8. Applied for the first time with success by Saviard, following an operation for aneurism by the ancient method, indirect digital compression is then essentially of French origin; it has not, however, as yet, received that extensive application and generalization of which, in our opinion, it is susceptible.

On Gunshot Wounds of Military Suicides. By HENRY WALLMANN, M.D., Surgeon in the Austrian Army and Assistant at the Joseph's Academy.

It is well known that soldiers usually commit suicide with their fire-arms. I have examined closely the statistics of the suicides for the last eighteen years, in the Vienna garrison, (from 1839 to 1856,) and obtain the following information from them:

1. That suicides have increased during the last four years, the highest number being in 1856, the lowest in 1847.

2. The proportion of suicides in general to those who shoot themselves, is as 30.8 to 20.3. From this we can conclude that of three who commit suicide in the army, two shoot themselves.

From the Board of Health we learn that in the whole Austrian army there occurred 274 suicides in 1846, and in 1845 only 239. Among the 274 suicides 172 shot themselves.

The method of self-destruction used next in frequency is by hanging. By careful computation we find that where 30.8 suicides occur in the army, 20.3 are by shooting and 6. by hanging.

As the soldier commits suicide by fire-arms, he uses a musket or a pistol; in the proportion of 60 per cent. for a musket, and 40 per cent. for a pistol.

In 1852, an artillerist, aged 19, took away his life in a singular manner. He placed himself with a lighted match before the muzzle of the cannon, and thus by the explosion of the cannon instantly destroyed himself. The body was cut in two near the lumbar vertebræ.

As regards the *age* of those who shoot themselves, out of 100 there were four, 19 years old; eight, 21 years old; thirteen, 22 years old; twelve, 23 years old; eight, 24 years old; fifteen, 25 years old; four, 26 years old; six, 27 years old; seven, 28 years old; two, 29 years old; four, 31 years old; two, 32 years old; three, 34 years old. The rest of the single cases occurred within the above-named limits.

The *causes* which induce these unhappy persons to kill themselves are seldom known with certainty. The usual ones are, fear of punishment, a dislike to a military life, melancholy (home-sickness,) dissipation, gambling, drinking, debts, wounded honor, bodily sufferings, &c.

As to the part of the body the soldier selects upon which to inflict the death wound; 60 per cent. shoot themselves through the head, 40 per cent. in the thorax, (in the region of the heart.) Among 100, 2 shot themselves in the abdomen.

Finally, I must add some remarks relative to the appearances and pathologico-anatomical condition of the opening and course of the gunshot wound.

First of all, I must contradict the common opinion, that the edges of the wound at the point of exit of the ball are directed outward, and that of the entrance inward. This condition of the gunshot wound was seldom observed. I have found that the condition of the wound—the entrance and exit—and of the course, is peculiar to each case, and is also different in each case. I say this because I have had a large experience in gunshot wounds, and especially those of suicides, and am therefore qualified to judge.

The law in Austria does not permit a post-mortem until forty-eight hours after death; during this period the body is exposed to the operation of chemical changes and the decomposition thereby caused. To this is added in summer the heat which accelerates, and in winter the cold which retards, but does not prevent decomposition, it taking place more readily upon an elevation of temperature.

No one will deny that such influences upon the body change essentially the elasticity of the skin, the tenacity of the muscles, &c. The rigor mortis, also, is not without some influence upon the condition of the body. Rigor mortis being present, the skin is less elastic, the muscles stiff and rigid, the limbs immovable, etc. After rigor mortis all parts of the body become relaxed. These circumstances have an

important influence upon the condition of the edges and opening of the wound. Moreover, the position of the body, the incidental diseases of the body, such as *morbus Brightii* with *anasarca*, tuberculosis with *œdema*, &c., the place, and the temperature of the place of the suicide have also an important influence upon the condition of the edges of the gunshot wounds.

The opening has generally the form of the projectile, and is in the living subject through the contractility of the skin smaller than the ball, but in the dead body the opening is larger, especially after rigor mortis. At the moment of the injury the edges of the wound are directed inward; later, and especially in the dead body, this condition does not exist; indeed the edges of the opening can be pressed outward through inflammation, if the person lives only a short time (a few moments or perhaps an hour,) after the injury is inflicted.

The edges of the opening (wound of the skin,) are either cut smoothly, or irregularly torn. The exit, if the ball has traversed the body, is usually smaller than the entrance, and has mostly a torn and angular edge, with and without an outward direction, and may have even a round form if the exit is impeded as it were by a close lying body.

The course of the ball may have different directions, it may be even angular.

Gunshot wounds of different parts of the body, for instance, of the brain, muscles, bones, liver, lungs, kidneys, bladder, &c., appear different in regard to the injury given. The muscles under the skin are almost always torn irregularly, and infiltrated with blood. The bones have a hole of the size of the projectile, or the shot may cause a fracture with splinters. In the lungs as well as in all contractile elastic tissues, the course of the wound is narrow with ragged walls, and with an angular or torn opening. The arteries have a similar appearance. The liver and spleen also, in gunshot wounds, is generally lacerated in irregular directions. The heart is ruptured in a peculiar manner, that is, half of the heart, following the direction of the muscular fibres, with many flaps directed inwardly and outwardly like a seed capsulo. The ball remains either in the body with the wadding, or passes out without it.

For loading, fluid, (mostly water,) or solid substances are used, such as pieces of lead, iron, fragments of glass, less frequently brandy, mercury, air (blank cartridge.) Liquid charges fired near at hand produce severe and extensive wounds. In such cases there is no entrance or course to the wound, but the parts are destroyed in an irregular and ragged manner, so blown in pieces and injured that the parts can-

not be recognized. A blank cartridge discharged close at hand has the same effect. Of solid substances, pieces of lead are mostly used. Lead balls, especially when impinging against hard parts, materially change their forms, are flattened, bruised and cut in two, or into irregular pieces. Gunshot wounds made by the hands of others, present similar appearances.

The healing process of gunshot wounds, especially of the bones, sometimes progresses in a peculiar manner. Thus it appears different in the skull, in the hollow bones, and in the pelvic bones. Upon this part of the subject I will give my experience at another time.

REVIEWS AND BIBLIOGRAPHY.

Materia Medica and Therapeutics, with ample Illustrations of Practice in all the Departments of Medical Science, and very copious Notes of Toxicology, suited to the wants of Medical Students, Practitioners, and Teachers. A new Edition, revised and enlarged. By THOMAS D. MITCHELL, A.M., M.D., Professor of Materia Medica and General Therapeutics, in Jefferson Medical College, and formerly Professor of the same in Transylvania University. Philadelphia: J. B. Lippincott & Co.; pp. 820, octavo. 1857.

A knowledge of medicines and their uses is to the practitioner of the healing art, what weapons and their skillful handling are to the soldier in active conflict upon the field of battle. With the latter a knowledge of military tactics, in all its circumstantial conditions, avails nothing, without the weapons necessary to make an assault effective, or defensive resistance successful. So with the former, a knowledge of anatomy and pathology, and skill in diagnosis, avail but little, save as guides to a dexterous use of those weapons with which disease is combated and overcome, ere the citadel of life is stormed and death secures the victory in the conflict.

With practitioners, in the active discharge of their laborious and responsible duties, books upon the practice of medicine and surgery; upon obstetrics, diseases of females, and of children; works upon special subjects, as upon diseases of the skin, liver, lungs, heart, stomach, urinary organs, &c., are ordinarily sought for and read to the greater or less neglect of works upon Materia Medica. It is true, the subjects of special pathology, symptomatology, diagnosis, &c., as related to all the diversified forms of disease and varying conditions,

require more laborious study and pains-taking research, than that subject which it is the object of the volume before us to elucidate. But, after all, the principal object of all medical study is the judicious and skillful appliance of remedial agents, to the mitigation and removal of all the diversified forms of diseased action. Perhaps we ought to confess to a slight weakness upon this subject ; for by us, all new works upon the subject of *Materia Medica* and *Therapeutics* are earnestly sought for and read with avidity.

We are not unmindful of the fact that the work before us is but a new and revised edition of a work that has been several years before the profession; but as the first edition was issued prior to the establishment of the *MONTHLY*, and, consequently, unnoticed in its pages, the present brief notice of the new and enlarged edition seems by no means uncalled for.

Of this edition, it is said in the preface, "the author has carefully revised the work, and brought it down fully to the present time. As a consequence, the bulk of the volume is augmented, a circumstance altogether unavoidable. He has added his own experience on various points, and the best testimony of the great world of physic, with the design of putting a book of real value into the hands of students and practitioners." "It is believed that every valuable new application of an old remedy, as well as the desirable uses of agents claimed to be new, down to the date of this prefatory note, are here presented so as to set forth their real or apparent worth."

This prefatory claim is doubtless just; for we certainly know of no work that evinces a more pains-taking research into the literature of the subject upon which it treats, or which embodies a greater amount and variety of opinion, culled from the great storehouse of medical literature. This may seem strange when the bulk of the volume is considered, knowing that there are several works upon *Materia Medica*, issued in this country, embracing two volumes, each of which is as large or larger than the work before us. But it should be remembered that the natural, botanical, and chemical history of the various medicines treated of, are entirely omitted, thereby saving much room for matter of every-day interest and practical utility. There seems to us a propriety in this omission, so far as the interests of practitioners are concerned; for a repetition of these historic details but increases the bulk and cost of a volume, without a corresponding benefit. We confess, however, that this omission somewhat impairs the value of the work as a text-book for students; for it is by this class mainly that the natural, botanical, and chemical history of medicines is read

and studied; the busy practitioner omits such details entirely in his reading.

The arrangement adopted by the author is the alphabetical, which certainly has some advantages over any other. New remedies, whose action is not fully understood, cannot well be classified; yet, in an alphabetical arrangement, no embarrassment is experienced; they can be fully considered in their proper place, and all that is known in regard to them fully brought out. Again, in the alphabetical arrangement a medicine can be considered in all its varied relations, and all that is worthy of note taught concerning it; "far better," says the author, "to dispose of it thus, than to treat of it under the separate and distinct classes usually named in books."

In regard to the *modus operandi* of medicines, the author says, "we confess, most candidly, that we know very little on this subject—almost nothing that merits the title of accurate and demonstrative. In our judgment, very many points in this relation, deemed by many as settled, are yet, fairly and literally, matters to be determined. The profession has been too self-confident, and is yet to be shorn of some of the imaginary honors it has worn for years." Notwithstanding this confession, twenty-five pages are devoted in the onset to the consideration of the methods by which medicines act in the removal of disease.

It is not to be expected that we will follow the author in his handling of the various articles treated of in the work before us. It is sufficient to say, that he has always recorded his own opinions with faithfulness, and industriously culled the most trustworthy opinions of others, from the various sources of information open to untiring research. While we bestow this high encomium, we are compelled in justice to say that, in a few instances, subjects are treated of quite too briefly, and, in still rarer instances, medicines are omitted that are certainly worthy of consideration. In some instances, medicines are advised, having in view certain pathological opinions, by no means up to the present state of that science. As illustrative of this last idea, we quote the following: "As an external application the spiritus minderi has been successfully tried in *tinea capitis*, after poulticing to remove the scabs and cleanse the surface. But neither this nor any other lotion or appliance will avail in scald head, unless special care be paid to the condition of the digestive organs," p. 138. Now, it is a well-established fact that *tinea capitis* is a local disease, having no connection, as cause and effect, with derangements of the digestive organs or circulating fluid. Dr. Schoülin, of Berlin, first detected in the crusts of

porrigo a peculiar microscopic fungus, and now the cryptogamous nature of the disease is recognized by all intelligent members of the profession. For several years, we have been in the habit of curing this disease with the local application of a medicine which Dr. Mitchell has not considered worthy of mention. In the Medical Counsellor, for 1855, we published a paper on the treatment of porrigo by the local application of *petroleum*. Since that time, we have treated many cases, solely with the local use of this agent, without a single failure. Hence, the statement of our author is incorrect, and, in this instance, his implied pathology behind the present state of that science. If he will put the *petroleum* to the test, he will certainly find it worthy of mention in his next edition.

If we rightly understand our author, he believes in the possibility of spontaneous generation of worms in the animal economy. "We believe that worms may be generated within, although we believe they are, for the most part, derived from an external source," p. 152. We had supposed the idea of the spontaneous generation of worms, once entertained by many, was now abandoned by all intelligent members of our profession.

We had marked several other passages for remark, as implying incorrect pathological opinions, but we forego our purpose in this regard, knowing that it is easier to criticise than to produce a work presenting no points for criticism.

If disposed to be critical, we might find fault with the egotism displayed in the preface. We quote the following in illustration of this remark: "The book is therefore chiefly a volume of facts, *quite as reliable* as any to be furnished by the profession anywhere." "It will be found to contain a vast amount of facts which *cannot be found in any other volume*." "It embodies a large amount of practical information, which the author regards *equally reliable* with any other stock of knowledge to which practitioners have access." These statements may all be true, and if true the reader would be very likely to find it out. It is certainly in bad taste for an author to speak in such terms of commendation of his own work, in comparison with the works of others. We might object to the grammatical correctness of changing the personal pronoun from singular to plural, many times upon the same page, as is often done. We quote the following in illustration: "But from much experience in the management of infantile patients, *I learned* abundantly the facility of operating on the entire system by remedies applied to the surface. *We* have already spoken of the efficacy of rhubarb, applied to the abdomen of young children," p. 32.

These, however, are only minor blemishes, which, though inexcusable in a second edition, do not detract from the usefulness of the work.

Though we have felt it our duty to allude to what we deemed an occasional defect or blemish, the work is worthy a place in every medical library, and the practitioner will find it an embodiment of opinions to which he will have frequent occasion for reference. The Index, so important in all works of reference, is certainly perfect—occupying fifteen closely printed pages. To those who are acquainted with the various issues from the house of the enterprising publishers, it is needless to say that the work is issued in the highest style of art.

O. C. G.

Medical Lexicon; a Dictionary of Medical Science, containing a concise explanation of the various subjects and terms of anatomy, physiology, pathology, hygiene, therapeutics, pharmacology, pharmacy, surgery, obstetrics, medical jurisprudence, dentistry, etc.; notices of climate, and of mineral waters; formulae for officinal, empirical, and dietetic preparations, etc., with French and other synonyms. By ROBLEY DUNGLISON, M.D., L.L.D., Professor of the Institutes of Medicine, etc., in the Jefferson Medical College, of Philadelphia. Fifteenth Edition, revised and greatly enlarged. Philadelphia: Blanchard & Lea. 1857.

This rather full title we copy because it will give, to any one who may not be acquainted with the book, a very exact idea of its contents, or of the extent of subjects which it is intended to cover. Perhaps there is no man in this country except Dr. Dunglison who would have had the patience, ability, and industry to wade through the amount of labor necessary in the first construction of such a dictionary. No one could have done it better, if we may be permitted to judge of it by the completeness with which it has satisfied our almost daily calls upon it for information during the last ten years. Of course, it has sometimes failed to answer our questionings, otherwise it would not have been of human work; but in the majority of instances, it has satisfied us. The present edition is increased, we are told, by the addition of six thousand subjects and terms—enough in themselves to make a very respectable book. A dictionary does not admit of a review of much general interest, and it is none of our ambition to pick out little flaws to exhibit to the world. We cannot say more, and we cannot say less than that we *know* this book to be constantly useful to every one who writes or reads upon medical subjects. It is the foundation stone of a good medical library, and should always

be included in the first list of books purchased by the medical student. It may be obtained in this city of Wiley & Halstead.

Researches on Epilepsy; its artificial production in animals, and its etiology, nature, and treatment in man. By E BROWN SEQUARD, M.D., Prof. of Physiology at the Cooper Institute, N. Y., etc., etc. Boston: 1857. pp. 82.

This brochure has appeared in the pages of the *Boston Journal*, but is republished in a permanent form. It consists of a series of arguments based on experiments on animals, and on clinical observations intended to demonstrate the nature of the disease, and to point out the character of the treatment it demands. To enter upon this subject thoroughly, to analyze and examine the reasoning, cannot now be done by us except in a manner too hasty to satisfy ourself, or to meet the just claims of the author. Contenting ourself, then, with the simple statement that the book contains very valuable suggestions and abundant material fitted to excite inquiry, we give the conclusions of the author as far as they refer to the treatment of the disease. Those who are not content with this, can order the book of J. Pennington & Son, Philadelphia.

Treatment of Epilepsy.—Proposing to develop fully this subject elsewhere, we will merely lay down here a few propositions.

1. The first thing to be done in a case of epilepsy is to find out if its origin is peripheric. The state of all the organs must be inquired into as completely as possible.

2. If it be ascertained that epilepsy is of peripheric origin, employ proper means to separate the nervous centres from this origin, or to remove the cause of the excitation entirely. Leaving aside what relates to the viscera, the application of ligatures, as we have shown in § IX., (to be put around the middle of the limb.—Eds.) ought to be tried first. Sometimes it happens, as in a very curious case recorded by Récamier, that the aura will disappear from a place, and reappear in another; it will be well to pursue it thither, and apply ligatures in the new place.

3. If ligatures fail, this is no reason for despairing of other means having the same object. The nerve animating either the part of the skin from which originates the aura, or the muscle or muscles which are the first convulsed, must be laid bare, and sulphuric ether thrown upon it. This might, perhaps, be sufficient to cure the affection; if it is not, then the nerve must be divided.*

* We proposed, many years ago, to employ ether instead of the section of the nerves, in traumatic tetanus; this simple treatment will prove more useful for tetanus than for epilepsy.

4. The amputation of a limb for epilepsy is a barbarous act, the section of the nerves being all that is necessary.

5. Sometimes blisters, setons, caustics, &c., in the neighborhood of a part which is the origin of an aura, may be sufficient to cure, but these means have not the same efficacy as the application of a red-hot iron.

6. The best means of treating epilepsy seem to consist in the application of a series of moxas along the spine, and particularly the nape of the neck.

7. The nutrition of the nervous centres may be modified, and thereby by epilepsy be cured, principally by the medicines which act on the bloodvessels, such as strychnia, but particularly by those which determine contractions in these vessels, such as atropia, ergot of rye, &c.

8. Trepanning, in cases where a blow on the head or some other circumstance seems to indicate it, ought not to be resorted to until cauterization and other means of producing a modification of the conditions of the skin of the head have failed.

9. Cauterization of the mucous membrane of the larynx, which has been successful in some cases in which there was considerable laryngismus, is an excellent means, not only of diminishing or preventing the spasm of the larynx, but as a mode of producing a modification in the nutrition of the medulla oblongata.

10. As a means of treatment too much neglected, we will point out the possibility of the transformation of epilepsy into intermittent fever, which has been proved by the important facts observed by Dr. Selade, by Dumas, &c. The frequent passage of an intermittent fever into epilepsy, and the facts which show that the nerves of the bloodvessels are excited in the nervous centres in fever and ague (the galvanization of the cervical sympathetic nerve produces the effects of this fever, viz: *cold*, soon followed by *warmth and perspiration*,) show also that there are great analogies between epilepsy and intermittent fever. So it is as regards the efficacy of ligatures in both diseases. That intermittent fever is an affection of the nervous system is proved by a curious case of fracture of the spine, in which the parts paralyzed remained in their normal state, while the rest of the body had all the phenomena of a paroxysm of fever and ague. From these facts and many others, we think it would be of the utmost importance to try to have fever and ague generated in epileptics, as a means of cure of epilepsy.

11. We will merely add, that hygienic means are as important as the treatment, and that sleeplessness ought to be as much combated as the disease itself.

As regards the treatment of the fits, we cannot insist too much upon the prevention or diminution of asphyxia, as it seems certain that the circulation of black blood in the nervous centres prepares for the production of future fits. For this object, the best means are, 1st, dashing very cold water on the face; 2d, the inhalation of chloroform.

SELECTIONS.

Syphilization in Norway. By DR. LAUDER LINDSAY.

[From an article in the November number of the *Edinburgh Journal*, all of which is interesting and of value, we extract the following, it being all for which we can make room.—EDS. MONTHLY.]

What, then, is this syphilization—what this immunity, of which we have heard so much? When a patient laboring under constitutional syphilis—as Gunild Marie Syversdatter—is made the subject of a protracted series of inoculations, with matter taken from chancres or primary sores on the same or on different persons, or both, a period arrives when the system refuses further to acknowledge the influence of the syphilitic poison thus introduced; the inoculations are followed by no pustules, or by abortive pustules; he or she is said, or supposed, to be syphilis-proof—*syphilized** or *immune*. The terms *syphilization* and *immunity* were introduced by the French school of observers—by Turenne and Ricord. They are, perhaps, open to grave objections, and they have been the theme of endless and most unsatisfactory discussion. It is, however, comparatively immaterial what terms are used, provided we know precisely the condition or thing they are intended to represent. After having long confidently asserted and re-asserted the fact of absolute immunity as the result of syphilization, and having thus raised up against his views most violent and powerful opposition, Professor Boeck, very properly I think, says, within the last few weeks, "I will not engage in any strife as to the word *immunity*; I would only insist on this, that the body is brought into a new and healthier condition by these inoculations."† Two years ago he writes, "Dans tous les cas où il m'a été possible de continuer les inoculations sans interruption, j'ai obtenu l'*immunité* contre le virus syphilitique. J'ai donc obtenu l'état que M. Auzias-Turenne a nommé *syphilisation*. C'est là un fait hors de toute contestation et que chacun peut vérifier. Il est impossible dans les sciences d'en constater plus évident."‡ Professor Boeck, then, believes, or did believe, most firmly in *absolute immunity* resulting from syphilization. He affirms that he has inoculated his immune patients with pus from a great variety of chancres, and taken from different individuals, but without effect. He confesses to having had three relapses out of 100 cases; a very small and favorable proportion, as he observes, and not sufficient to overthrow the general facts or principles of syphilization. Professor Faye, on the other hand, denies that such a state exists as absolute or permanent immunity; and he affirms that he has produced, or seen produced, distinct effects in so-called immune patients, by

* Lest there should be any doubt as to the signification of the terms *syphilized* and *syphilized*, I may state here that the former word is used to represent the state of a person whose constitution is pervaded by the poison of syphilis *naturally communicated* (as the result of impure connection), while the latter indicates the condition of him whose system has been, in addition, *artificially saturated* with the syphilitic virus (by chancre-inoculations, as described in the case of Syversdatter).

† Letter in *Medical Times*, *ol. cit.*, p. 305.

‡ *Samling af Jagttagelser*, etc., *ol. cit.*, p. 14.

inoculating more deeply, by prolonged contact of the virus, and by using pus from the chancres of different individuals. He goes the length of admitting that there may be a temporary immunity of the skin, on which the inoculation-pustules have acted like a series of counter-irritants, but he distinguishes between "en temporer Hudimmunitet og en Organismeimmunitet." It has been further supposed, that there may be an immunity so far as regards *one* kind of syphilitic matter—that, for instance, taken from the chancre of a single individual; an immunity for *every* kind of syphilitic matter, and so on. But here speculation takes the place of fact. Let us, therefore, *revenons à nos moutons*. The *duration* of immunity cannot yet be determined. Professor Boeck's experiments have now gone on for five years; but this is not a sufficiently long period to enable him satisfactorily to solve a question of such difficulty and importance. It is quite possible, as Professor Faye suggests, that the immunity, granting it to exist at all, is only temporary; that, after the lapse of a few months or years, as the case may be, the system again becomes susceptible of the influence of the syphilitic poison; that the patient again contracts syphilis, it may be in the same town or in a different town or country; and that, in fact, syphilization does not really protect the constitution against syphilis, as vaccination does against variola. All this may be, but we have yet to wait for the proof thereof. It does not appear to be necessary, in all cases, for the treatment of syphilitic symptoms, that perfect immunity be established; that is to say, all the syphilitic phenomena may disappear, and the patient may seem quite cured, before the inoculation-pustules become abortive—before he is thoroughly syphilized. "I am therefore convinced," says Professor Boeck, "that the few small pustules which we produce with a fresh virus, and which lead to no characteristic ulcers, cannot be regarded as proofs of the cure not being completed."* With a view, however, to the permanence of the cure, it is recommended to push syphilization to the extent of complete immunity, especially in cases where the patient has previously undergone mercurial treatment. He has not succeeded in producing immunity in any case by the inoculation of one kind of matter only; he has invariably been obliged subsequently to employ pus taken from the chancres of two or more individuals. But he mentions three patients as cured of syphilitic symptoms by the inoculation of one kind of matter only—where immunity was not produced. None of these cases have relapsed; two of them left hospital more than two years ago, the third twenty-two months ago.

The duration of treatment, as well as the number of inoculations or chancres necessary for the production of immunity, or for the cure of syphilitic affections, vary greatly in different cases. We have already seen that the treatment in Syversdatter extended over a year. This, however, was an exceptional case, and, moreover, one of Professor Boeck's earlier cases. Subsequent experience has enabled him to syphilize patients, in a large majority of cases, in six months, and

* *Medical Times, ol. cit., p. 305.*

in many cases in three months. Latterly, instead of taking the inoculation-matter always from the last pustules produced, until they became abortive, he has taken pus from the earlier pustules, and also from the chancres of several different individuals; by thus using the most powerful virus, he has succeeded in abridging the duration of the treatment in a material degree. In this way he cures favorable cases in three months; that is, patients who have not been previously mercurialized, who have good constitutions, and in whom the syphilitic symptoms are not of long standing. In the first series of his experiments, he used exclusively matter from a single chancre contracted in England. In his first two cases, syphilization lasted rather more than six months; the first patient had 222 chancres, the second 290. In the third and fourth cases, matter being taken from the chancres of the two first at the fourth month of syphilization, immunity was established at the end of three months; the third patient having had 133 chancres, and the fourth 91. The fifth patient, whose inoculations were begun a month later than those of the third and fourth cases, and with the same pus, was immune at the end of two months, having had 71 chancres. Let us now see to what extent the duration of treatment and the number of chancres were modified, according as patients had or had not been subjected to previous mercurial treatment, or were laboring under simple and recent, or inveterate forms of the disease. In eight of his syphilized cases, where no mercury or other anti-syphilitics had been previously used, the average duration of treatment was from five months to twenty-two days, and the mean number of inoculations 320. In six patients with secondary affections of the skin and mucous membranes, all of whom had previously used mercury and other remedies, the treatment averaged six months seven days, and the number of chancres 421. Three of these cases relapsed; the relapses not being severe, and exhibiting themselves soon after the first syphilization. In the second syphilization, the first patient had 108 chancres, the second 315, and the third 361. Three cases which had not relapsed at the end of fourteen months subsequent to discharge from hospital, showed a great susceptibility to the influence of the virus, in having a large number of chancres; the three others, which did relapse, had had in their first syphilization a very small number of chancres—that is to say, the first had had 127, the second 102, and the third 71. In a third group of cases—inveterate forms of syphilis—in all of which mercury had been previously used, the treatment averaged seven months ten days, and the number of chancres 542. It will thus be noticed that there is an increase in the duration of treatment, and in the number of inoculations, in inveterate cases, and especially those where mercury has been previously employed. Several inveterate cases that had been previously mercurialized were, however, *not cured* even by syphilization carried to immunity. It was necessary, in addition, to prescribe medicinal remedies, especially preparations of iodine. Prior to syphilization, however, these medicines had not only failed, but had aggravated the disease. One patient, who had syphilitic affections of the bones, had

been treated five months thirteen days, and had had 346 chancres, without syphilization producing apparently the slightest effect on his disease. Professor Boeck regards these as exceptional cases, and not adverse to his views regarding the efficacy of syphilization: he endeavors to explain away the facts by ingenious theories, but the facts remain! In cases of subsequent syphilizations in consequence of relapses, as a general rule, the number of inoculations requisite to produce immunity [?], or to cure the existing syphilitic affections, gradually diminishes; but there were exceptions to this rule, not admitting of any very obvious explanation. Professor Boeck cites the following cases:

Anne Knudsdatter had in her first syphilization 290 chancres, in her second 242, and in her third 41.

Olaus Andreasen had in his first syphilization 353 chancres, in second 269, in third 53.

Ole Simonsen had in his first 286, and in his second 83.

Johannes Andreasen had in his first 102, and in the second 108.

Morten Pedersen had in his first 127, and in the second 361.

Marte Randine Christiansdatter had in her first 80, in her second 267, and in her third 73 chancres.*

The patients whom I saw in Christiania under treatment, had the arms and thighs covered with inoculation-pustules, the number varying from some dozens to some hundreds. This aspect of the process of syphilization—the appearance of the limbs—is at first sight most repulsive and disgusting; but it must be borne in mind that all this is concealed by the clothing, that the process is attended or followed by no bad symptoms of any kind, and that the general health of the patient is steadily improving, while the syphilitic symptoms are slowly, but surely disappearing.

Some syphilidologists hold the opinion that there are different kinds of syphilitic matter; while others, and among them Professor Faye, deny that there is good ground for such a doctrine. The subject is chiefly of a speculative nature; on it I cannot here enter. Regarding the subject of differences in the intensity of the syphilitic virus, there is less contrariety of opinion. Professor Boeck holds it as uncontestedly proved that such differences do exist, and in this opinion he is supported by Sperino. It has been found in Christiania that, after pus from chancres contracted in that city had failed to produce any effects, marked and immediate results were obtained with matter from Stockholm; that Hamburg matter, again, was more powerful than that of Stockholm; and that a still greater intensity resided in syphilitic virus from London! This is a matter of no little importance, inasmuch as it would appear, within certain limits, that the rapidity of the cure, or in other words, the rapidity of syphilization, is in proportion to the intensity of the virus employed. While the pus of a London chancre was inoculable through not more than fourteen generations of pustules, that of a Hamburg chancre was found to pass through eighty-three generations in one patient, fifty-eight in

* *Discussion in det norske medicinske Selskab, etc., ol. cit., p. 16.*

a second, and fifty-one in a third. The pus of some chancres does not seem to be inoculable, that is, it does not produce specific, well-formed pustules. It would further appear as if there were some connection between inoculable chancres and suppurating bubos. Professor Boeck states that after the period of his first experiments with matter from an English chancre, he did not meet with an inoculable primary chancre till July, 1853, when a sailor arrived from Hamburg with a non-indurated chancre. During the two following months there occurred in Christiania several inoculable chancres, both in strangers and natives. The majority of these chancres, about ten in number, were accompanied by suppurating bubos. None of the latter had been seen since the autumn of 1852, and they had manifested themselves only in those who had inoculable chancres. During the following winter, and until June, 1854, there were no more inoculable chancres nor suppurating bubos; apparently as if they were periodically imported from abroad! But not only are there differences in the intensity of the virus in individuals from different countries, but also in different individuals in the same town or country. This fact is the basis of daily practice in syphilizing. When the chancre-matter of one individual fails in its effect, that from another is at once taken, and when that in its turn fails, that from a third, and so on. It has been found that pus from an apparently simple chancre in one individual, has produced a phagedenic chancre in the person inoculated; the effect being apparently attributable to the nature or intensity of the matter employed, rather than to the constitution of the person operated upon, though I cannot divest myself of the conviction that the latter has much to do with the explanation of such phenomena. It sometimes happens that the virus from the same chancre acts feebly for a time upon a certain individual; suddenly it produces large or well-marked pustules; then, all at once, it generates abortive pustules, without immunity being produced. The researches of Boeck and others do not seem satisfactorily to explain such irregularities; doubtless there are "faults on both sides." It is extremely probable that the force of the virus varies with the stage of maturerence of the chancre, being greatest when the chancre is mature or advancing to maturity, and gradually becoming enfeebled in its later stages. It has been found that dilution of the syphilitic matter with water weakened or diminished the syphilizing power of that matter. These differences in the intensity of the syphilitic virus go far towards reconciling differences in opinion regarding the inoculability or syphilizing power of syphilitic pus. Fricke of Hamburg, for instance, has laid it down that syphilitic matter loses its force after a series of eight consecutive inoculations, while Ricord, on the contrary, maintains that an individual may be indefinitely inoculated with the same matter, and with the same efficiency. This subject has, moreover, an important bearing on that of absolute immunity, for it may happen, and probably will repeatedly happen, that after a person has been pronounced immune—all the matter at the disposal of the operator, in the same society, town, or country, having failed to pro-

duce any specific effect—syphilitic pus may be procured from other individuals, towns, or countries, capable of reproducing inoculation-pustules. And it is at present, perhaps, impossible to say to what extent such a process might be carried! The subject of the regeneration or intensification of the virus, either by prolonged inoculation in the same individual, or by transmitting it through the system of different individuals, is one not only of great physiological interest, but of great practical importance. The intensification of the virus is illustrated by such a case as the following: A patient entered the Rigshospital with an indurated chancre of two months' standing, not yet quite cicatrized, and with all the appearances of commencing constitutional syphilis. He was inoculated with matter taken from his own chancre; only abortive pustules were produced. He was inoculated every three days with such pus as could be obtained from the pustules always last produced. After the sixteenth generation of pustules, small ulcers made their appearance, and subsequently, the force of the pus becoming greater and greater, well-marked chancres were developed. Turenne long ago showed that the matter of chancres which produced only abortive pustules in the syphilized, gave characteristic ulcers in the non-syphilized. A knowledge of this fact enabled Boeck to continue his inoculations when he could obtain no other inoculable matter! It would appear, however, that after syphilitic matter has attained a certain degree of feebleness, it cannot thus, or otherwise, be regenerated, or have its force intensified. It has also been proved curiously that syphilitic ulcers may reproduce the disease by coitus without being inoculable. With matter from an indurated chancre on the penis of a man in Christiania, 60 inoculations were made on eight different individuals without success, yet this man had, in the natural way, infected other persons.

The *réceptivité* of individuals—in other words, their susceptibility to the influence of the syphilitic virus—differs remarkably. In connection with this subject, it is advisable, or necessary, here to consider the circumstances favorable and unfavorable to the process of syphilization. Some individuals are very easily and severely affected by the syphilitic virus introduced by way of inoculation, having a large number of well-marked, it may be phagedænic or confluent, chancres; in others the effects are insignificant, and the number of chancres small; while in others, again, no effect whatever can be produced. Much is due, in such cases, to the constitution of the individual, but idiosyncrasy, co-existent disease, the nature of previous treatment, the intensity of the matter inoculated, the adjuncts to the process of syphilization, and similar circumstances, all exert a powerful influence in rendering the system susceptible, or the reverse, to the action of the syphilitic poison. In some systems, which are at first *refractory* to the influence of the inoculation-virus, the faults of the system on the one hand, or the want of intensity in the matter on the other, may be got over, as we have already seen, by repeating and prolonging the inoculations. As a general rule, patients who have been more than once syphilized, become less and less susceptible of the action

of the virus. The same holds good in regard to the different stages of the same syphilization; the system gradually becoming habituated, as it were, to the action of the poison—saturated, some syphilitologists say, therewith, until it refuses to be further affected thereby. Hence, during the process of syphilization, and in proportion as it advances towards completion, the artificial chancres gradually decrease in size. Generally speaking, it is only the first twenty or thirty pustules which are of any considerable size; those which follow rapidly decrease in magnitude. The inoculation-chancres are, therefore, really not so formidable as they at first sight appear. There seems to me to be a good deal of confusion in the writings of syphilitologists regarding the respective shares of differences in the intensity of the virus on the one hand, and variations in the réceptivité of individuals on the other, in the production of this phenomenon—the gradual diminution in the size of the inoculation-pustules or chancres. Probably it is impossible accurately to determine this in every case, or in the generality of cases. But there are exceptions to this rule of progressive diminution in size; irregularities occasionally occur, the majority of which Professor Boeck attributes to previous mercurialization. Patients who have previously taken mercury, or other antivenereal remedies, are said to be less susceptible of the effects of inoculation; both the general and local action of the virus introduced is materially modified. "Il est prouvé pour moi que," says Professor Boeck, "de même que tous les individus n'ont pas la même susceptibilité pour le virus syphilitique en général, de même aussi ils n'ont pas tous la même susceptibilité pour chaque espèce de virus."* He further states that a return of syphilitic symptoms subsequently to syphilization, is accompanied, very conveniently, by a corresponding return of réceptivité!

I have already casually touched on some of the theories of, or speculations regarding, the *modus operandi* of syphilization. I cannot here do more than merely enumerate some of them. Boeck apparently regards the good effects of the process as resulting from an isopathic action of the virus—an action on the *similia similibus* principle—the same poison which produced the disease being supposed also to destroy it! Faye speaks of syphilization—which term he proposes to banish—as a "deparative suppuration," and as a "curative chancre-inoculation." Others look upon the system as saturated with the syphilitic poison until it cannot possibly receive more; or they speak of a dynamo-organic action, a special impression exerted or made on the nervous system; while others, again, regard the *modus operandi* as a revulsive action, depending on a system of cutaneous counter-irritation.

It is satisfactory to find that Professor Boeck does not advocate syphilization as a *prophylactic*; it appears to be admitted in every country, and by almost every syphilitologist, that such a proceeding is repugnant to common morality and utterly inadmissible. True, some enthusiastic French experimenters have put the matter to the

test; but their practice is not at all likely to be generally followed, seeing that imprisonment and public opprobrium are among the results that have been already attained. "Je partage l'opinion," says Boeck, "de tous les auteurs qui ont écrit sur ce sujet, et je pense qu'elle ne doit pas être employée comme prophylactique. Je présume que l'inventeur lui-même de la syphilisation est actuellement de cet avis."*

Professor Boeck, and, I believe, Sperino also, restrict syphilization as a curative method to the treatment of constitutional syphilis. He does not consider himself justified in having recourse to it for primary sores alone; for, he argues, it does not follow that a patient with a primary sore becomes the subject of secondary symptoms—of constitutional syphilis. "I have assuredly," says he, "no authority to introduce into the organism of a patient a poison which is not already there.† In such cases, therefore, he gives the patient the benefit of the doubt, and does not syphilize until secondary symptoms show themselves. In constitutional syphilis, where the organism is already pervaded by the virus, he holds that he is introducing no new poison, by inoculation with chancre-matter. He doubts the accuracy of Rocard's opinions, that a non-indurated chancre is never followed by constitutional symptoms, and that induration is the first phenomenon of constitutional syphilis. He believes that exceptions occur to these general rules, which, however, he looks upon as to such an extent true, that he is willing to accept them as the basis of practice in syphilization. He has had occasion to suspend or discard syphilization in a prostitute who had a choreiform nervous disorder; in another who relapsed, and who, three years previously to syphilization, had had pulmonary tubercles; and in a third case, that of a cachectic patient, in whom erysipelas accompanied by smart fever was the result of the process. Doubtless there will be found to be other contra-indications to syphilization in particular cases, should the experiments of Boeck and others be multiplied and varied. Professor Boeck is at great pains to point out the extent to which previous mercurial treatment modifies the results of syphilization. He asserts that it is impossible to ascertain the precise effects of syphilization in mercurialized patients; hence he divides his patients into two classes, viz., the patients who have had, and those who have not had, previously, mercury or other anti-syphilitic remedies. He further enters somewhat in detail on the respective merits and advantages of mercurialization and syphilization in the treatment of constitutional syphilis, giving the whole weight of his experience in favor of the latter. He does not use a particle of mercury in the treatment of his patients; nor does he subject them to any medicinal or dietetic treatment whatever, unless in exceptional and inveterate cases which refuse to yield to syphilization alone, but which readily succumb to syphilization associated with preparations of iodine. Mercurialization, it appears, has much to do, sometimes everything to do, with relapses after syphilization; for a long period Professor Boeck

* *Samling af Jagttagelser, etc.*, p. 14.

† Letter in *Medical Times*, *ol. cit.*, p. 305.

attributed all his relapses to previous mercurial treatment; but he has now had at least three relapses in patients who had taken no mercury. The latter cases, as I have already stated, he endeavors to explain very ingeniously, but not equally satisfactorily. The statistics of the Christiania Rigshospital for the last thirty years, show 27 per cent. of relapses in cases of constitutional syphilis treated by mercury in the ordinary way; whereas Professor Boeck has only had three relapses out of 100 cases treated by syphilization, where mercury was not previously employed. He makes prominent the fact that the effects of mercurialization are often worse than the disease it is intended to cure, giving rise occasionally to affections of the bones, paralysis, etc. He makes the most, in fact, of this feature of mercurialization, and makes the most, moreover, of his favorite syphilization. I cannot withhold the expression of my strong conviction—but it is merely an impression, and an *impression* is of no value as compared with *facts*—that many of the cases which Professor Boeck showed me in Christiania, as under treatment by syphilization, would have recovered equally rapidly and satisfactorily either by mild mercurial treatment; by the use of iodides, or other gentle alteratives; by dietetic treatment, or by no treatment at all, further than cleanliness, regularity in habits, &c. With regard to the immunity produced by syphilization—the non-liability to be afterwards affected with syphilis—until this is proved by a longer and more varied experience, I confess that I must rank with the sceptics, having seen or learned sufficient to lead me to entertain, with Professor Faye, strong doubts as to the existence of such a phenomenon as absolute immunity! Professor Boeck takes care to remind us that a person treated by mercury can never be considered as permanently cured; relapses may occur after a very long interval, and he cites one case, on the authority of Ricord, where the relapse took place forty years after treatment. May not this equally occur after syphilization? At present we have no data to illuminate this dark feature of the subject; only two or three years have elapsed since the earlier of Professor Boeck's experiments were made, and this period is manifestly insufficient for the determination of a point of such difficulty. Again, the Professor appears to me to tread upon dangerous ground, when he asks how often, after an apparent cure of constitutional syphilis by the use of ordinary medicinal remedies, such as mercury, iodine, sarsaparilla, &c., do we recognize in the sad heritage of the offspring the fact that syphilis has still lurked in the system of the parent? There is, as yet, no evidence to prove that the same thing does not also occur after syphilization. Granting that in previously mercurialized cases the results are generally more or less unsatisfactory, the progress of the syphilization irregular, the duration of the treatment and the number of chances increased, the inoculation-pustules frequently becoming phagedænic, spreading or confluent ulcers, and the dangers of relapse considerable, he still holds that syphilization is the best treatment. Nor does he regard inveteracy of type or character as a contra-indication to syphilization, though he acknowledges the necessity of employing medicinal adjuncts to this

process, such as preparations of iodine. He asserts, that whereas in many or most inveterate cases of constitutional syphilis, neither iodides alone nor syphilization alone will effect a cure, yet, when conjoined, they will either do so or produce a greater degree of amelioration than any other mode of treatment. But not only does syphilization, according to Professor Boeck, effectually and permanently cure constitutional syphilis, but it also cures rapidly and satisfactorily any intercurrent affections that may arise. "Even iritis," says he, "I have come to regard without apprehension; for, like other intercurrent symptoms, it spontaneously disappears during the syphilization, without requiring any special treatment."* Not only this, but syphilization has been recently applied to the cure of other diseases than syphilis. Cancer and various skin affections are among the cases in which it has thus been tried, but the data accumulated are as yet very meagre, and quite insufficient for the purpose of drawing general conclusions or laying down general laws.

So far from syphilization producing any bad effects on the general health of the individuals operated on, the syphilized bear all the external attributes of health and vigor, and they feel as well as they look. Patients who suffered from *malaise* of divers sorts, rheumatic pains, etc., prior to syphilization, declare that all these symptoms disappeared during the earlier months of treatment, and have not recurred. A period of two or three years has elapsed since the discharge from hospital of many of these cases. All these who have never been mercurialized continue in perfect health; some of those who have been mercurialized have been ill and emaciated, but in them even the general health has been improved, and some of them show a considerable degree of embonpoint. Professor Boeck's statements would lead to the conclusion that while mercurialization is a weakening, deteriorating process, syphilization is a strengthening, ameliorating one! Though it does not yet appear that syphilization is attended or followed by bad results of any kind, it is well to bear in mind, that subsequent experience may prove that the process is not altogether so innocent or ameliorating as it now appears. Certain it is, that the process does not interfere in any way with ordinary avocations, pleasures, habits, or diet. The patients eat, drink, and sleep well, they are not a day confined to the house, and their nearest relatives need not know that they are laboring under disease, or undergoing treatment therefor.

It may not be amiss here to state what I myself saw in Professor Boeck's consulting-room. The presentees were private patients, belonging to the middle ranks of life. They were of all ages, but chiefly young men in the prime of life. They left their desks or counting-houses for a few minutes, to run up to the Professor's consulting-room —about a dozen inoculations were made, and they went "on their way rejoicing," with the admonition to present themselves in two or three days and have the process repeated. I can vouch for the fact, that the patients themselves had full confidence in the treatment—an intelligent confidence, for I am speaking of educated persons, several

* Letter in *Medical Times, &c. cit.*, p. 305.

of whom willingly recited the history of their cases. They appeared in excellent physical condition and in the best of spirits: some of them brought friends and companions to undergo the same process, which, in their case, had proved so beneficial. In the majority of cases there was nothing to lead the casual observer to infer the existence either of syphilis or syphilitization, until the patient stripped himself. Then I must confess, the limbs, covered with pustules or chancres of every size and hue, presented anything but a comely appearance. In some patients the limbs were covered with simple pustules, having a limited red base; in others, with deep-ragged ulcers, having an abundant fetid discharge, and an angry purple base. The latter cases, I was informed, were those in which mercury had been previously employed by other practitioners. I saw infants as well as adults inoculated: immunity, it appears, is often producible in them by comparatively few inoculations, and very small chancres. The Professor was particularly careful in his selection of cases with primary chancres presenting themselves for the first time; his reason for this I have already explained. Those in which he operated with greatest confidence, promising a cure in three months, were patients having good constitutions, laboring under secondary symptoms, and who had not been previously under treatment of any kind. When such a case presented itself, he took a small quantity of pus, on the point of a common lancet, from a primary chancre of the same individual, or from a primary sore, or the inoculation-pustules of another individual; this he inserted, by three punctures, as in vaccination, in one of the thighs. Some fresh matter he inserted, in a similar way, in the opposite thigh; and he subsequently inoculated each of the arms, giving the lancet a twist in the punctures, so as to ensure the insertion of the matter. He thus made a dozen punctures, each series or group being deltoid in form. The patient was then—without even bandaging—simply dismissed, with the injunction to return in three or four days. By this time each of the punctures had given rise to a pustule with a red, inflamed base. One of these—selecting always the best-formed pustules—he broke up with the lancet, withdrew a little of the pus, and made three inoculations, immediately below the former ones, in each of the arms and thighs. This process was to be repeated at intervals of two or three days, for weeks or months, so long as such pustules continued to be developed—generally taking the matter from the last formed pustules. Whenever the matter of the latest pustules became weak—when it produced, on inoculation, only abortive pustules, or no results at all, or even before it became so weak as this—he took matter from the earliest and largest pustules. When this also began to fail in consequence of the intensity of its virus being too greatly diminished, then he took matter either from the primary sores or inoculation-chancres of different individuals, continuing thus to change the inoculation-matter until the system appeared to assert or proclaim its immunity, by refusing to develop any further pustules. These inoculations were made “regardless of any new symptoms that developed themselves.” The average number of inoculations in the patients I saw must have

been at least 200 or 300, though I did not take the precaution to count them.

The question, Will syphilization, as a curative method in constitutional syphilis—for its application as a prophylactic is obviously out of the question—ever be admitted into, or become general in practice in this country?—I must leave to the medical profession of Great Britain to decide. The free discussion of the question cannot fail to elicit many important facts, whatever be the results in regard to our practice; and it is from such a conviction that I have ventured to make public the very interesting results attained in Norway. By way of conclusion, and by way of *résumé*, I may be permitted to append the following declarations made by Professor Boeck, quite recently, while visiting Scotland: “I have indeed,” says he, “the most sincere conviction and proof,

- “1. That there is no fact more certain in medical and surgical therapeutics, than the fact of the curability of constitutional syphilis by syphilization.
- “2. That this method of curing constitutional syphilis is infinitely more certain than the methods of cure by mercury, iodine, hunger-cure, or any other means yet proposed.
- “3. That it is free from the dangers attending the mercurial treatment; and,
- “4. That relapses are more rare after this than after any other known method of treating secondary or tertiary syphilis.”*

I cannot take leave of this subject more appropriately, than by quoting a few brief passages from Professor Boeck’s work on *Skin Diseases*, upon the pages whereof I have already so largely drawn:

“On a rejeté la syphilisation avant de la connaître. Cependant dans les sciences naturelles il n'est plus possible de rejeter une chose par cette seule raison que nous ne la comprenons pas aussitôt. . . . Ayant fait tous les jours pendant trois années les expériences les plus conscientieuses, j'ai acquis la conviction que la syphilisation n'est pas une utopie; elle mérite, au contraire, de fixer toute l'attention du médecin.† . . . La syphilisation ouvre donc à la sciences un nouvel horizon, une nouvelle sphère d'investigation, que nous devons explorer, guidés par l'analogie. La guérison de la syphilis par la syphilisation n'est, d'après moi, qu'un résultat subordonné par son importance physiologique aux conséquences qu'elle aura pour la pathologie générale.‡ . . . Je ferais le vœu, en terminant, que la syphilisation soit étudiée avec tranquillité et avec exactitude. Elle doit être étudiée non pas seulement comme méthode curative de la syphilis constitutionnelle, mais surtout comme devant éclairer l'étude de la syphilis en général, de la pathologie général, et de la physiologie.”§

* *Medical Times*, Sept. 19, 1857, p. 305, *ol. cit.*

† *Samling af Jagttageiser*, p. 9. ‡ Ib., p. 15.

§ One of the most legitimate, and at the same time hopeful, departments of inquiry connected with this subject, and which does not appear to have been at all entered upon by Professor Boeck, is that of experimentation upon the lower animals. Monkeys have already been inoculated with syphilis in Paris by Turenne; and there is every reason to believe that it will be found, when researches come to be made on this subject, that the lower animals can contract a variety of human diseases by inoculation, by contagion, or otherwise. [Vide my “Suggestions for Observations on the Influence of Cholera and other Epidemic Poisons on the Lower Animals,” *Edinburgh Medical Journal*, July 1857, p. 33, and notes on “Cattle Murrain in some of its Aspects,” *Lancet*, May 16, 1857, p. 496. Illustrative cases may also be consulted in *Annalen des*

On Obstinate Menorrhagia. By HENRY SAVAGE, M.D., London, F.R.C.S., Eng., Senior Physician to Samaritan Hospital for Women.

Uterine haemorrhage, unconnected with pregnancy or parturition, occasionally assumes a rebellious form not to be understood by the ordinary doctrinal explanations of its pathology. Menorrhagias (or rather metrorrhagias) are said to be active, passive, functional, or symptomatic, according as they are considered to depend on general vascular derangement, on diathesis, or on morbid states of the womb itself. The remedies most useful, are such as correspond with these views. Thus cooling purgatives, drastics, antimonials, bleeding, astringents, have each had their advocates. The same may be said of the series of special anti-menorrhagics—bitartrate of potash, oxide of silver, Indian hemp, digitalis, Cayenne pepper, cinnamon, &c., and of the removal from the womb itself of some tangible exciting cause, as polypus in one or other of its innumerable varieties.

The majority of menorrhagias yield to one or other of the above remedies; but some do not. The two following cases, selected from a large number which have come under my notice at the Samaritan Hospital during the last four years, in my opinion, are instructive examples of this intractable class:

CASE 1.—A woman aged thirty-six, married, came to the hospital two years and a half ago, having the ordinary appearance of females subject to loss of blood. She was extremely pale, she said she was weak, felt low-spirited, and had at last become quite unequal to her domestic duties, which were far from laborious; she had but two children, and had experienced no privation; she never noticed any irregularity in the catamenial function till six months after her last confinement, having always felt well till then. On the reappearance of the catamenia at that period, she lost a great deal of blood. This discharge lasted for three weeks. After a week's interval, it again appeared, increasing until about the right catamenial period, according to her calculation, and subsiding gradually to the interval of a week as before, and so continuing ever since, reversing, as it were, the ordinary rule, she having but one week's interval instead of three. A letter from her medical attendant states, that this has been going on for eight months. He had tried all the usual remedies without success. A polypus was suspected, but not found. I examined her carefully several times, failing also to find anything more than slight enlargement of the uterus, which had a soft feel, with the os perhaps slightly more open than common. Cold hip-baths, oxide of silver, Indian hemp, &c., were tried for a month. They made but a temporary impression. The interval of cessation extended to a fortnight; but the total amount of loss was still far too great. The uterus was now injected daily with a strong solution of tannin and alum; from

Charité Krankenhause, 8 Jahrg., Heft 17, "On the Existence of Herpes in Domestic Animals, and its Communication to Man," by Dr. Von Bärensprung; Hering's Repertorium der Thier Heilkunde, Band 1, 1840; Gurit and Hertwig, Magazin für die Gesammte Thier Heilkunde, Band 7, 1841; Letenneur, "Reflexions sur l'Herpès tonsurant, 1852," Brit. and For. Medico-Chirurg. Review, July 1857, p. 263.

four to eight ounces of this was thrown into the cavity of the womb in a continuous and rather forcible stream through a full-sized male catheter, cut off at the end—the os having been previously well dilated by a sponge-tent, to insure free retrogression of the fluid. Internal remedies were discontinued. The haemorrhage now rapidly subsided. At the end of a fortnight it had nearly disappeared. At the end of another month I yielded to her anxiety to return home, and she left the hospital much improved in health and appearance, but the discharge was not quite gone.

The injection from first to last had caused her no pain whatever. She mentioned occasionally only a slight sensation of "drawing and coldness," but not by way of complaint.

In about four months she again came to the hospital. The haemorrhage had begun to increase about two months after she left it. She said she was about the same as at first, and her look corresponded with the statement. Another selection of anti-menorrhagics was tried; they failed as before. Recourse was again had to the tannin and alum injection (tannin, two drachms; alum, four drachms; water, six ounces). The catamenial interval again quickly extended to a fortnight, and once to three weeks. She remained in the hospital three months. The decrease in quantity seemed to justify my yielding once more to her wish to go home, and agreeing in her supposition that the change would complete the cure. However, in about four months she made her appearance "as bad as ever," so I determined on the following plan:

A careful examination was again gone through. The uterus felt fuller and softer, and the os more open than natural. The finger could be introduced a little way into the os, but no peculiar soft, pulpy, or vegetating unevenness could be distinguished. The uterine sound showed that the cavity was larger than natural; in fact, the instrument could be easily turned on its curve without much displacement of the uterus. No hitch or obstruction whatever indicated a polypoid excrescence of any magnitude. The sound, when withdrawn, was covered with blood, which seemed to flow more abundantly in consequence of the disturbance caused by the uterine sound; but this increase lasted only half an hour after the examination was concluded. Not the least pain was caused by any part of the examination.

A large sponge-tent, two inches and a half long, was introduced to its whole length. A still larger was employed the day following. On the third day the os uteri would easily admit two fingers. The patient was then laid upon her back, the legs raised, the hips well supported; in short, placed as in the operation of lithotomy. With Recamier's curette (the larger end of which passed into the cavity of the womb with the utmost facility) I proceeded to scrape with force enough to remove any possible vegetation or fungosity, which I considered it a fair presumption to regard as a very probable cause of haemorrhage so inveterate. The operation lasted about six minutes. In that time (the curette being of the largest size) I believe I had completely gone over the entire internal surface of the uterus and its neck. Wherever I felt, through the instrument, a sensation as if it

was passing over a velvety surface, there I continued scraping until the surface gave the impression of being comparatively smooth and hard. The patient was asked frequently, if the operation gave her pain; but she said she felt none whatever. I constantly withdrew and examined the curette, expecting to see a large collection of vegetations or accumulations of the soft surface I seemed to be scraping off, but the amount altogether did not, by a third, cover the cavity of its spoon-shaped end; much more, however, of a jelly-like, white, tough, transparent mucus came away. The patient was put to bed. The haemorrhage for the first half-hour slightly increased. It then began decidedly so to diminish that it was not considered necessary to resort to any of the means provided for the opposite contingency. The next day the haemorrhage was still less, and I thought I could feel that the uterus was smaller. She had passed a good night, and said she felt better and was in no pain. With the view of more effectually destroying the polypoid vegetations, the idea of which the result of the operation seemed to me to confirm, I injected three drachms of the tincture of iodine, of the London Pharmacopeia, into the uterine cavity. The effect was almost magical; the haemorrhage seemed to stop at once. The day following it was almost gone. Two injections of three drachms of the same tincture were used at intervals of three days. Beyond a sensation of warmth, the patient declared she felt nothing; and on this occasion she left the hospital six weeks after her admission. All discharge had ceased for three weeks previously. The womb was clearly much less in size, and the os had closed to its natural dimensions.

I met this patient accidentally in the street a few days ago, nine months after she last left the hospital. She assured me that, ever since the operation, her catamenial periods had been perfectly natural. She was walking briskly, and looked in excellent health.

CASE 2.—A woman, thirty-four years of age, thin, spare, pallid, nervous, and debilitated, came to the hospital a year ago, complaining of excessive loss of blood at the catamenial periods, which had lasted at least a fortnight at a time during the past two years. The complaint had come on after a miscarriage a year previously. The uterus could be felt soft, larger than natural, and the os open, but not sufficiently so to admit the finger. The os uteri was dilated by a succession of sponge-tents, but I thought in this case I would try the iodine injection alone. Accordingly, four ounces of a mixture of tincture of iodine and water (equal parts) was injected with some force, in the usual way, into the uterus. The nervous and excitable temperament of this patient, as I anticipated, betrayed some intolerance of such a proceeding. She complained of pain in both groins for some hours afterwards. The next day the haemorrhage was greatly diminished. The same injection was repeated every third day for a fortnight. The uterus now began evidently to return to its right size, and the os to close. She left the hospital two months after her admission. Her health improved rapidly from the first use of the iodine injection.

In this case, most of the anti-menorrhagics best esteemed had been administered without any advantage.

The above two cases are types of a vast number of memorragias I have treated on a principle involving more or less the supposition that some unnatural condition of the lining membrane of the uterus existed. Injections as mere astringents were used, by Blundell amongst others, years ago. Dr. Locock's gouge, Recamier's curette, Jobert's uterine speculum, Simpson's looped scraper, recognize the same thing—viz., the possible existence of wonderfully small polypi as the real cause of dangerous uterine haemorrhage; but I am not aware that iodine has ever yet been employed for the same object. Injections of the uterine cavity are regarded by the profession in general as full of danger, and I am not prepared to say they are not so, unless care be taken to secure an unobstructed escape for the fluid by previous ample artificial dilatation of the os and cervix uteri. With this proviso, I have never seen any ill effects from uterine injections; and of all the various solutions I have used and seen used for years past, I have never met with one so satisfactory and so free from objection as the tincture of iodine.

It is also worth while, I think, to direct attention to a point in the *rationale* of uterine haemorrhage exemplified by the use of any means tending to empty the uterine cavity, or otherwise lead to a return to its healthy size and tone. In both the above cases, as well as in all the rest I have met with, the slow contraction of the uterus seemed to keep pace with the diminution of the discharge. I have often seen brought on unintentionally a smart metrorrhagia by the introduction of a sponge-tent of the smallest size, which only ceased on the removal of the tent.—*Lancet*, Dec. 5th, 1857.

The Escharotic Treatment of Cancer. By JAMES SYME, Esq., Prof. of Clinical Surgery in the University of Edinburgh.

The subject of cancer has been so mystified by the misrepresentations of unscrupulous adventurers, that any attempt to re-establish its treatment upon sound principles may seem a hopeless undertaking; but I nevertheless beg to offer the following observations, in the hope that they will still be of service where rapacity and credulity have not entirely superseded honesty and common sense. It is not surprising that the dread of cutting, and the bad success of operations too frequently performed under unfavorable circumstances, should have predisposed to the ready reception of any new proposal for the remedy of a disease so formidable; and, accordingly, the employment of variously prepared caustics for this purpose has, during the last twenty or thirty years, afforded a fruitful field for quackery without and also within the profession. For, whatever may be the sentiments or laws of medical corporations, I shall always hold, that the worst form of quackery is, not practising without a diploma, but using secret reme-

dies, and pandering, by false pretences, to the capricious folly of credulous patients. It could hardly, however, have been anticipated, that the medical officers of a metropolitan hospital would so far forget the dictates of professional honor, as not only to harbor in their institution a secret cancer curer, but, by continuing to do so month after month, sanction the delusion that he possessed some beneficial means of treatment unknown to their brethren. Yet the surgeons of the Middlesex Hospital have exposed themselves to this serious charge. They can hardly deny the former part of it; and with regard to the latter, must either plead guilty or profess belief that the juice of *Sanguinaria Canadensis* possesses more active powers than the gilding of a pill. In their anxiety to escape from the horns of this painful dilemma, they now admit that "the vegetable ingredient is practically inert," that the caustic is an old one, and that there is nothing new in the practice of their protégé except daily making incisions and stuffing the wounds with escharotic paste,—a proceeding utterly opposed to the established principles of surgery, and eminently calculated to produce the most disastrous consequences, but which, instead of indignantly condemning, they commend as deserving of general adoption, and as entitling its author to public gratitude. The hollow pretensions of secrecy having been thus endorsed and published with the authority of a metropolitan hospital, it is requisite for the protection of sufferers from cancer, that the principles of its proper treatment should, so far as possible, be no less extensively diffused.

It being admitted, by universal consent, that the various forms of disease comprehended under the titles of cancer and carcinoma are not remediable except through removal of the morbid part, the only room for question that remains in regard to their treatment is limited to the choice of means for this purpose. There can be no doubt that excision, if performed under chloroform, affords not only the most speedy and effectual, but also the least painful, mode of extirpating the disease, so far as its extent can be recognized by sensible characters. On the other hand, it is alleged that through the use of caustic a more lasting protection may be obtained against the danger of relapse; and if such were really the case, there could be no hesitation in preferring the latter means. But, unfortunately, from being chiefly used empirically, they are supported by evidence of a very questionable character. For, in the first place, patients who confide their treatment to irregular practitioners, are naturally unwilling to admit that they have received no benefit or suffered damage from venturing upon this course. They are, consequently, very ready to be persuaded that good has been done, and when the expectations thus excited prove to be fallacious, no less slow to confess their disappointment. The wonderful histories of cures, therefore, so frequently put in circulation on the ground of such sanguine anticipations, are seldom counteracted by a knowledge of the issue, however disastrous it may have been. Thus, an impudent quack—the Middlesex surgeons call him a "gentleman"—industriously distributed penny puffs, red, green, and yellow, of which the most prominent feature was an affidavit sworn before the Lord Provost of Glasgow, by a man who had been an out-

patient at the hospital here, under my care, that he was cured by the said quack, although he was not so, and died soon afterwards of the disease. Now, this poor creature doubtless believed the assurance of that respectable person, and probably signed his declaration from the amiable motive of leading fellow-sufferers in a right direction; but having taken this unwary step, could not retrace it, when taught by sad experience that he had been miserably deceived.

Then, again, there are so many diseased conditions apt to be regarded as incurable, although not really so, that the most careful discrimination is required to prevent their successful treatment from being erroneously assumed as ground for belief in the curability of cancer. But the empirical practitioner is neither able nor willing to make such distinctions, and so far from endeavoring to dismiss the unfounded apprehensions of a patient, will always be anxious to cherish and increase them, in order to enhance the value of his pretended services. Thus, if a tumor of the breast, supposed to be carcinomatous, should be a serous cyst requiring merely evacuation and irritation of the surface, or a fibrous growth removable without further disturbance of the gland, or a chronic abscess, or even nothing more than that simple engorgement and painful state so common in females whose health is out of order, the quack will not vary his practice, or scruple to make the unfortunate patient pass through all the horrors of a prolonged escharotic treatment. Indeed, I once saw a poor woman who had both of her breasts destroyed by caustic, although there was distinct evidence that neither of them had been at all diseased.

In regard to the comparative time, and danger of cutting and caustic, there can be no doubt that, so far as the first of these points is concerned, the former mode of relief is greatly preferable; while, as to the last one, there does not seem to be much difference between the two. Unless, therefore, it can be shown that the escharotic treatment is more complete and permanent in its effect than excision, it will be difficult to discover any good reason for abandoning the knife, or complicating it with the addition of caustic. The surgeons of the Middlesex Hospital have published an account of the cases treated under their inspection, which, although evidently drawn up with the desire of presenting a favorable view, may, of course, be regarded as an authentic statement, and not as the mere trumpeting of quackery. They here relate, that the process employed by their American coadjutor was to destroy the skin by nitric acid, then to make numerous incisions, and introduce chloride of zinc paste into the wounds, which were repeated daily for from two to seven weeks, until the object appeared to be accomplished. They have not concealed the severe and protracted suffering endured by the patients subjected to this painful and tedious procedure, nor have they shirked from confessing its dismal results. Forty-two cases of cancer or schirrhotic breast are recorded. Of these, five were considered unfit for treatment and declined; three left the hospital without any apparent local disease; and thirty-four still suffered from it, in the form of enlarged glands, tubercles of the skin, or open sores. Anything more shocking than this it is impossible to imagine; and I sincerely hope that

the conclusive testimony thus published, in a form, externally at least, well suited if not intended for the table of a drawing-room, may tend to counteract the present rage for escharotic treatment.

It has long been a settled principle in surgical practice, that malignant tumors or sores should be either allowed to remain free from disturbance or completely removed, since tampering with them by irritating applications is the most certain means of exciting disease in the lymphatic glands or other textures. But the procedure advocated by the Middlesex surgeons was the most extreme degree of deviation from this rule, since it kept the local disease, together with the patient's system, in a perpetual fret for many weeks; so that no one need be surprised at the effects, which, indeed, these gentlemen thus admit: "Nothing could be more disastrous than this case; and there is no reasonable doubt that the tumultuous increase of the disease was directly owing to the local treatment." If caustic is ever used for destroying malignant textures, it should, therefore, be of such power and so employed as to strike at once to the root of the evil, and I am able to suggest efficient means for this purpose.

Mons. Velpeau, in speaking of the caustic made by mixing sulphuric acid with saffron, expresses his persuasion that it would be the best of all escharotics except for its expense and the difficulty of confining its action within certain limits. It occurred to me that sawdust would supply the place of saffron, and my assistants at the hospital ingeniously devised the following effectual means of restraining the extent of action. A solution of gutta percha in chloroform is applied to the skin for some distance round the part to be attacked; then a thick piece of the same material, with an aperture cut in it of the requisite size, and softened by exposure to heat, is pressed firmly so as to adhere everywhere to the surface thus prepared; a thin piece is next glued round the edge of the opening, so that, when supported by a stuffing of lint, it may form a wall enclosing the diseased part. Concentrated sulphuric acid, with about an equal weight of sawdust stirred into it, until the mixture assumes a homogeneous consistence equal to that of thin porridge, is lastly applied, in quantity proportioned to the extent of thickness concerned. In the first instance, as the pain is acute, opiates or chloroform may be used; but after a short while, so little uneasiness is felt, that the patient can easily allow the caustic to remain for ten or twelve hours, when it will be found that the whole diseased mass, though covered with skin and several inches in depth, has been reduced to a cinder, presenting the appearance of strongly compressed tow. Under poultices, the slough separates in the course of days or weeks, according to its depth, and the sore then heals without any trouble. If, therefore, patients, from an unconquerable dread of cutting, should prefer the escharotic treatment, or if the circumstances, on any other account, should seem to render this method eligible, the procedure just described may be found useful.

In conclusion, I beg to offer the following principles or practical rules for the treatment of cancer:

1. The treatment of cancer may be divided into curative and palliative.

2. The curative treatment should not be undertaken when the local disease is so seated or connected as to prevent its complete removal; when the lymphatic glands are affected; and when the patient's general health is deranged.
3. Removal may be accomplished by means of the knife, escharotics, and ligatures.
4. Of these means, in general the knife is best, and ligatures the worst.
5. Escharotics may be used with most advantage when the disease is superficial.
6. Escharotics, employed with a curative view, should always destroy the whole morbid part by one application.
7. The palliative treatment is generally best accomplished by means of soothing applications and attention to the general health.
8. When the local disease is very troublesome, it may sometimes be relieved for a time by destruction of the morbid growth.
9. The best agent for this purpose, and also with a curative view, is concentrated sulphuric acid properly applied.—*Edin. Med. Jour.*

Most extensive Laceration and Compound Comminuted Fracture of the left Forearm; Conservation of the Limb; Recovery. Under the care of Mr. SKEY, at St. Bartholomew's Hospital.

If abundant proofs were wanting to illustrate the true value of conservative surgery, we should only have to refer to the many examples constantly appearing in our "Mirror," wherein attempts have been made successfully to save lacerated and injured limbs, which the majority of surgeons would not have hesitated to remove. We have seldom witnessed a case which looked more hopeless than the following, the particulars of which we subjoin, and which very clearly shows what conservative surgery can do, when the surgeon himself has the fortitude to carry out its great principles. Complete success, with the possession of a useful forearm, attended the efforts used to save it.

John B —, aged eighteen, was brought into the hospital on October 13th, with an extensive laceration of the left arm by a turning lathe. The injury appearing to demand amputation, Mr. Skey was sent for, and arrived within an hour. On carefully examining the limb, it appeared that the integuments and the muscles of the back of the forearm from the elbow to the wrist were torn away; the radius exposed in one-half its length, and broken into pieces towards its middle; and the two remaining portions of the shaft separated by half an inch distance, each part reduced by the obliquity of the fracture to an elongated point. The supinator longus and the radial extensors were lacerated, while the common extensor of the fingers was rent asunder, except only a small portion of the latter muscle passing to the little finger, and the extensor carpi ulnaris; the arteries and nerves were entirely destroyed. The wound was further engrained with dirt. Some astonishment was expressed amongst the students by Mr. Skey's

announcement of his intention to endeavor to retain the arm, and saying he would put the arm up in splints, and watch its progress. The wound being carefully washed with a soft sponge, the dirt was removed by means of scissors, and all fragments of bone were detached; the muscles, both entire and mutilated, were restored as much as possible to their natural position. Slight extension was made on the arm; the integuments were brought as much as possible over the wound, and united by three or four sutures; the wound was then bound up in cotton wool, and the arm laid on a splint.

Mr. Skey confessed he had never seen the attempt made to retain a limb subject to so severe an injury; but he had the conviction that, with all our vaunt of conservative principles, we never put Nature's power to the fullest test. "Here is a case of extreme injury. Let us watch its progress carefully. I am quite prepared for the responsibility of the attempt to save the arm."

The patient was ordered eight to ten ounces of brandy each day up to the fourth. Slight redness appearing around the wound, the sutures were removed, and a light bread and water poultice was applied; brandy reduced to four ounces.

In ten days the wound began to granulate; the flaps retained their hold on the subjacent structures. Slight motion of all the fingers in extension was apparent.

At the expiration of five weeks the wound was reduced to about one-third its original size. The man was in good health, and the arm was preserved.

In his Lecture on the Muscles of the Back of the Forearm, Mr. Skey has always assigned to the extensor communis of the fingers the primary office of simple antagonism to the flexors.

The future condition of this patient will prove highly interesting as a study of muscular action.—*Lancet*, Dec. 12, 1857.

Disappearance of Cancer of the Tongue.

Amongst several cases of cancer of the tongue which we occasionally noticed at the Cancer Hospital was one of a man, aged fifty-eight, Louis B—, who became a patient in July last. At that time the organ was much enlarged, of an irregularly mottled color, with red and purplish discolorations here and there, and superficially ulcerated in two or three places. We watched this man very carefully, to see the effects of the treatment employed; and on the 3rd of November were agreeably surprised to find that a very great improvement had taken place. We at first scarcely recognized him, from the cheerful look which had replaced the former anxiety consequent on his sufferings. The tongue had diminished in size to something like its natural form, and had lost a good deal of the peculiar appearance it had previously presented. He could eat with more comfort, digested his food well, and was gaining flesh and strength. All this has been effected by careful attention to diet and tonic remedies, together with

the local application of the powdered sulphate of copper; upon which plan of treatment we have on a previous occasion dwelt. He is now and has lately been using a mild borax lotion, with the occasional use of powdered sulphate of copper. We heard Dr. Marsden say that he thought the man would be well in another three months, a prediction which we fully expect to see realized. This, however, will not be the first case which we have seen leave this hospital, not merely relieved, but with complete healing up of the disease.—*Lancet*, Dec. 12, 1857.

How Assistant Surgeons earned the Victoria Cross.

On the 8th of September, memorable for the attack upon the Redan, when all in the intermediate neighborhood retreated excepting one officer (Lieutenant Hope,) Dr. Egerton Hale, of the 7th Fusileers, remained, endeavoring to rally back the men; and, failing this, he himself stayed to protect and attend a wounded brother officer, Captain Jones. He next, after the regiment had retired into the trenches, cleared the advanced sap of the wounded, and carried in, under a heavy fire, several wounded men from the open ground.

Assistant-surgeon William Henry Sylvester, of the 23rd Fusileers, received this distinction for going out, on the 8th of September, 1855, under a heavy fire, in the front of the 5th parallel, to Lieutenant and Adjutant Dynely, of that corps, who was lying mortally wounded, and for dressing his wounds in that dangerous and exposed situation; and for his courage on other occasions, in going to the front under heavy fire to assist the wounded.—*Lancet*, 1857.

Closure of the Pupil from Adhesion of the Iris to an Opaque Capsule; Incision of the Iris, and Removal of the Capsule.

The patient was a middle-aged female, feeble, and very thin. The right eye was disorganized, from repeated attacks of inflammation. The left was but a wreck of disease: the cornea was opaque to a slight extent in the very centre, and cloudy in other parts; the sclerota was discolored and vascular; the iris puckered and bulging; and the pupil, much contracted, was adherent to an opaque capsule.

Mr. Walton saw the eye several times before he decided on a course of action. He satisfied himself that there was no longer present any active disease, and that the perception of light showed the retina to be sufficiently intact to admit of an attempt at relief. The plan he proposed he was enabled to carry out. The cornea was divided at the side to an extent that would allow the lens, if present, and which would necessarily be opaque, to be taken out, and the iris incised close to the pupil. These steps were effected with a lancet-shaped iris knife. The external lip of the wound in the iris was drawn out, and a portion cut off with a pair of scissors. There was

no lens, absorption of this body having taken place. The opaque capsule was most readily removed with a pair of small forceps, the adhesion to the iris proving to be but delicate. The artificial aperture was not, as might be supposed, too large; on the contrary, it was rather under size, but it was advantageously placed, being behind the most transparent part of the cornea, and sufficed to afford useful sight. When the iris has undergone structural change, it is difficult to make an aperture of sufficient magnitude, and there is a tendency in the new hole to get less.

This is just the kind of case that used, but a few years ago, to be considered irremediable. Tyrrell's operation of drilling was introduced to overcome the difficulties, and it is a method possessing merit; but where the pupil is very much contracted, as in this example, the clearing of it as far as possible might not after all make a sufficient entrance for the light. Again, when there is central opacity of the cornea it is inapplicable. We see here, then, a marked instance of what we will venture to designate as progressive ophthalmic surgery.—*Lancet, Dec. 5, 1857.*

Hydatids in the Tibia.

We believe that but a single case is recorded of this rare affection implicating the tibia. If so, the case which is at present in the wards of St. Mary's Hospital becomes the more interesting, and forcibly shows that the tibia—already the seat of so many other affections—is not exempt from the invasion of parasites.

The patient is a female, twenty-eight years of age, who was admitted on the 29th of October, by name Sarah G—. She has had an enlargement of the right tibia for the last eight years, commencing from the size of a nut, and increasing to that of the palm of the hand, and originating in a blow. Four years ago she was a patient in Guy's Hospital, and left somewhat relieved. She had no pain till ten weeks ago, when the swelling ulcerated, and some hundreds of hydatids came away from the opening. This closed, and was subsequently twice opened. On her admission, the nature of the affection was seen, and on Nov. 4th, Mr. Coulson made a crucial incision over the tumor, and broke up the shell of bone forming its anterior boundary, and with a spoon scooped out multitudes of small hydatids. The cavity extended to within half an inch of the knee-joint, and on looking into this very large and now suppurating cavity on the 18th of November, we observed that a portion of the shaft of the tibia had become black and necrosed, and would have to be removed at a later period. When this bony cavity was completely laid bare, it was freely touched with nitrate of silver, and then filled with wadding and a lotion subsequently ordered of the chloruret of soda. On examining these hydatid-like animals, which was done by Dr. Sieveking, he found no echinococci, but discovered that they were acephalocysts.—*Lancet, Dec. 5, 1857.*

PROCEEDINGS OF SOCIETIES.

We intended to have published the continuation of the discussion on Puerperal Fever at the Academy of Medicine, but owing to a mistake our copy was received too late for this month. It will appear in our next number.

HOSPITAL REPORTS.*Bellevue Hospital.*

In the November number of the MONTHLY, we gave a report of a lecture delivered at this institution, as introductory to a course of clinical lectures, which is to continue during the winter session of the Medical Colleges. Thus far, this course has been eminently successful and largely attended by the students of each of the colleges. The facilities afforded to the student at this Hospital are not surpassed, if equalled by any other in this country.

The number of patients is constantly increasing, there being a much larger number of inmates at present than ever before, and as fast as the new wards are prepared to receive patients, they are filled by new applicants.

Bellevue Hospital, while giving medical and surgical care to the unfortunate poor, is sending broadcast throughout our country a vast amount of practical medical knowledge through the advantages here given to the medical student of observing disease and its treatment, and listening to the valuable clinical lectures delivered by members of the Medical Board. Students from every State in the Union here seek that bed-side instruction which will be of the greatest value to them through their professional life. Thus, Bellevue is doing a double amount of usefulness, a labor of charity not only, but a labor for medical education; thanks to the enterprise of the Medical Board.

The Homeopathic fraternity have been laboring hard, but thus far ineffectually, in trying to secure to their practice a portion of the wards at Bellevue.

Some of the members of the Board of Governors have been prevailed on to give their support to this proposal, but they cannot induce a majority of their colleagues to believe that the infinitesimal system deserves the confidence or patronage of those having charge of public institutions at this enlightened day.

During the month of November, clinical lectures were delivered by Drs. Barker, Clark, Elliot, Metcalf, McCready and Jas. R. Wood.

Drs. Clark, Metcalf, and McCready have lectured in the medical wards upon the various diseases there present.

Dr. Barker has visited the lying-in wards, lecturing there, and also at the Pathological Hall, upon the "puerperal state," commencing his course upon the state of the mother immediately after delivery, or the conditions peculiar to the post-partum state.

Dr. Elliot's lectures were upon operative midwifery, with illustrations with the subject at the Pathological Hall.

Dr. Wood's lectures have been upon "diseases of the breast," and "diseases of the testes."

Of the character of these lectures but little need be said; the names of the gentlemen who delivered them are a sufficient guarantee that they were of marked ability and full of valuable practical information.

There has been a great deal of interest in the surgical wards, and Dr. Wood has had a real shower of operations, some of which were of a very important character, and will not fail to add to his well-deserved reputation as a good operator.

During the month of November he has operated, in the presence of the class, upon the following named cases: vesico-vaginal fistula, aneurism of radial artery, necrosis of the tibia, malignant tumors of the scalp, fistula in ano, scrofulous testicle by castration, amputated a thigh and forearm, and removed a large cancerous breast, weighing 14 lbs.

Our limits will not permit us at present to notice in detail any of the above cases, nor those in the medical wards.

Dr. Chas. D. Smith operated on a case of abscess of the tibia.

The new operating theatre in the central building is nearly completed, and cannot fail to reflect much credit upon the architect. It is admired by every one who visits it, and is believed to be unequalled in all the requirements of an operating theatre.

It is circular in form, lighted from above by a large dome, and has a window on the east side.

It will be lighted with gas at night, and will be a beautiful room not only for an operating theatre, but for a lecture room, or if needs be, a *chapel* for the patients.

In the lying-in wards there were 35 births during the month of November, of which number 3 required instrumental interference, and in each of those cases both mother and child were saved. Dr. Elliot was visiting physician for the month.

The visiting physicians for December were Drs. Clark and Taylor. The visiting surgeons, Drs. Sayre and Wood.

Drs. Barker and Elliot have also continued their lectures.

On the 7th, Dr. Taylor gave a lecture on *Obstetric Auscultations*, which was illustrated by 18 cases of pregnancy, in each of whom the foetal heart could be heard, and in several instances the *bruit de souffle* was also present.

On the 5th, Dr. Wood gave a lecture on *Fracture*, in the surgical ward, where many cases were exhibited to the class. On the 12th, he commenced his course of lectures upon *Relative Anatomy and Operative Surgery*.

His lectures and operations are largely attended, and the students appear to appreciate his untiring efforts to increase their advantages at this hospital.

The improvements and additions to the buildings that have been in progress during the past year, are nearly completed, and under the watchful care and supervision of Gov. Daly, the Warden, the building and grounds will be kept in admirable order.

EDITORIAL AND MISCELLANEOUS.

The Editors of the *MONTHLY* beg leave to offer to their readers the best wishes appropriate to the season. It is regretted that, in consequence of some changes made in the printing of this volume, the issue of the present number was of necessity delayed beyond the first instant. But these arrangements being now satisfactorily completed, they hope hereafter to place subscribers' copies before them as near the first of each month as the mails will permit.

Though not much given to boasting, or to speaking of themselves, the Editors find themselves compelled, by the erroneous statements of other and interested parties, to say a few words concerning the condition of the *MONTHLY*, its aim, and its purposes.

And in the first place as to its circulation—during the past year the increase in its list was unprecedentedly large. While the other journals of the city have been falling off in their circulation, the *MONTHLY* has been increasing in a constant and steady ratio, which to their surprise as well as gratification, the Editors find is undiminished by the pressure of the financial difficulties of the last year. A few, a *very* few of their subscribers, (not more than two or three in all,) have been compelled to do without the *MONTHLY* for the ensuing year,

but their letters have in every instance expressed their regrets that such was the case, and contained their commendations of the **MONTHLY**.

Second, as to the size of the **MONTHLY**—the Editors find themselves compelled now to enlarge their edition, and, in order to have still more room for the large amount of matter which they wish to lay before their readers, they have added *sixteen* pages to each number, making an increase of *one hundred and ninety-two pages* a year, still without raising the price. Subscribers will notice, also, that in this is not included either the pages of the cover, or those which are occupied by advertisements, as is often done by journals. The **MONTHLY** contains *eighty* pages of *reading matter* in each number, *exclusive* of both of these. This makes it the largest medical journal published in New York, while it is within the option of subscribers to make it at the same time the cheapest, by early payment of their subscriptions.

Thirdly, as to its principles and course. The **MONTHLY** will be conducted in an entirely independent manner. Its Editors are bound to no clique or party, they are not members of any mutual admiration society, they control entirely their pages, and will use them only for scientific purposes. Their only aim is to make a Medical Periodical which shall meet the wants of the profession, and be to their subscribers a useful, agreeable and entertaining visitor. They have no occasion to withhold praise or reproof from any man or men if occasion requires either; their vision is not so limited that they can behold nothing but New York, nor so superficial that they are blind to the vast facilities for medical instruction and study which this city affords.

The Editors have no belligerent impulses to gratify, no personal animosities to indulge. *Sans peur et sans reproche* may appropriately be their motto.

From Europe, early, interesting, and reliable information will constantly be furnished, by extracts from Journals, private correspondence, and the contributions of articles to these pages from various savans of the Continent. One of these papers appears in this number.

From our own country there is reason to expect constant and valuable contributions, from without as well as within the city. The pages of the **MONTHLY** are open to every writer who may furnish papers of value to the profession, though of their adaptability to their uses the Editors can be the only judges.

Begging pardon for occupying so much space with these matters, the Editors address themselves to the labors of the year, with entire confidence that their results will be satisfactory.

— From a review of a work by Dr. Alex. Mayer, on conjugal relations contained in the *Revue de Therapeutique*, (Paris, Nov. 1,) we make the following extract, and commend it to the attention of our readers. Touching, as it does, upon a practice which is, we have reason to believe, fearfully prevalent in this country, even among the more intelligent classes, we make no apology for introducing it, but trust that it may serve to call the attention of the profession to the evil, and the best method of counteracting it:

" Doctor Debreyne has justly applied the epithet *conjugal onanism* to artifices designed to prevent fecundation; for it is, in fact, the repetition of the act of Onan, improperly confounded with masturbation. This is not the place to say how religion condemns this act, which, as we are shown in Genesis, was punished by the death of him who first committed it.

" Leaving, then, to the theologian the spiritual view of the question, the physician has at first to inquire if this act has not, in a material point of view only, serious inconveniences. At the present time, this cannot be doubted.

" What the author says, is supported by good authorities, and is doubtless known to most of our readers; but it is not sufficiently known to those whom it concerns. Conjugal onanism appears to have the same sad influence upon each of the married pair as solitary onanism. The natural crisis of sexual concourse is wanting. There is, at the time, physical and moral restlessness, (malaise.) Some pathologists have suggested, what is quite probable, that the uterus, disappointed in its expectations, for that reason contracts the germ of those chronic affections which are the despair of our art. But, besides these organic affections, account must be taken of the nervous diseases of both sexes, which are now the fashionable maladies, a large portion of which are referred etiologically to various sexual abuses."

— In the *Gazette Hebdomadaire*, for November 6, 1857, the editor, in extracting from a contemporary French journal the history of a case of diphtheritis, treated successfully by catheterism and cauterization of the larynx, congratulates himself upon being among the first to call attention to this mode of treatment. The course of the MONTHLY upon this subject is too well known to need any comment from its editors; but as it has persisted in defending the truth in its struggle for elevation, against great odds, it can consistently and very properly cite such cases, occurring in the practice of the celebrated Professor of Hotel Dieu, who has always been quoted as an opponent, and an unbeliever in the practice, to sustain its past and present position.

It is evident that the credit of this method is being strongly claimed by French writers for one of their own countrymen. The history of the practice, however, points to this country as its birth-place, and

we here emphatically put in a reclamation for an American. The method is already entitled by the French "The method of M. Loiseau," when the paper read by Dr. Green, of New York, before the New York Academy of Medicine, and which elicited a warm debate, was translated into French, and appeared in the *Gazette Hebdomadaire*, for October, 1855, nearly two years before the paper of M. Loiseau was sent to the Paris Academy of Medicine. This journal admits, in its issues for August 27 and September 4, Dr. Green's claim of priority, and in view of these facts, we do not see the propriety of calling it "Loiseau's method."

It might be well for the Committee of the New York Academy of Medicine to report further progress, and to claim for their own body the merit of being the first to send forth the knowledge of this "Therapeutical conquest" to the world.

"An application of the process and instruments of M. Loiseau has just taken place in the service of M. Trousseau, who made a very favorable report upon it at the Academy. The words of the observation, as published in the *Gazette des Hôpitaux*, would lead us to think that the use of the sound had not penetrated beyond the ventricles. But as it is, in fact, for the treatment of laryngeal affections that the catheterism of the air passages is especially useful; as it is in those affections particularly, which, from their nature and from the asphyxia they produce, require most urgently topical measures, the great importance of this therapeutical conquest is easily understood.

"The application of the instrument was upon a little girl four years old, who entered Hotel Dieu, October 9, for diphtheritis, affecting exclusively the tongue, and accompanied by a slight engorgement of the sub-maxillary ganglions. The weak voice and hoarse cough, however, announced that the larynx was beginning to be affected. The cauterization of the tongue, at first with a stick of the nitrate of silver, and afterwards with a solution of the sulphate of copper, insufflations of tannin, and of alum in the pharynx, the internal use of the chlorate of potass, brought about some diminution in the extent of the false membranes. The other symptoms persisted, and some fever arose. The evening of the 23d, according to the instructions left by M. Trousseau, the chef de clinique, M. Blondeau operated for catheterism of the larynx, after the process of M. Loiseau.

"The first phalanx of the index finger of the left hand being armed with a metallic thimble, the operator opened the mouth of the child by means of a spoon.

"This was the most difficult part of the operation, on account of the resistance of the little patient.

"Having, however, separated the jaws, M. Blondeau took advantage of this moment for carrying his finger quickly down the throat as far as possible, so as to reach the base of the tongue and the epiglottis. He succeeded in doing this quite easily, and the epiglottis

was for an instant elevated by the finger; unfortunately, the protecting ring was not large enough, so that he was obliged to withdraw the finger, it having been severely bitten by the patient.

"Upon the second trial he was more fortunate, although the finger was not completely protected against the bites of the child. Along this finger introduced into the mouth, the operator carried rapidly a metallic sound, supplied with two fenestræ, and properly curved at its extremity. In this manner he readily reached the larynx, when the finger holding the epiglottis raised, permitted easy access. The fact that the sound had actually penetrated into the air passages was announced by the noise which the air made in escaping through the instrument. Through this was immediately thrown a caustic injection, (a saturated solution of the sulphate of copper,) then the sound was withdrawn. The whole operation—the introduction of the finger, the catheterism, the injection—required hardly a few seconds.

"A remarkable fact, and which M. Blondeau, who performed this operation for the first time, did not anticipate, was that this operation did not appear at all painful to the child except at the moment when the finger was introduced into the mouth and the epiglottis raised. It was only then that the child struggled, and seemed agitated. As to the catheterism, and the injection itself, she bore them wonderfully well.

"Another proof that the sound was really in the larynx, and even in the trachea, is that the injection of a considerable quantity of the caustic solution produced neither vomitings nor nausea; and it is well known that a very small quantity only of the sulphate of copper, taken into the stomach, is necessary for provoking not only painful desires to vomit, but excessive vomitings. Nothing of the kind, however, took place, and the patient rejected by the canula only a little viscid mucus, evidently coming from the bronchial apparatus.

"The next morning, the 24th, the voice had regained in a great degree its clearness. A second catheterism was nevertheless made, this time by Prof. Troussseau himself, who was also bitten by the child, yet succeeded in making the operation. In the evening the operation was again repeated, but this time the finger was better protected, by a slight modification in the form of the ring, the superior face of it being increased in size. The catheterism performed by M. Troussseau was witnessed by Dr. Bouchut, who as well as all the assistants acknowledged not only the facility, but the harmlessness, you can say the benignity even of this operation.

"The morning of the 25th, the catheterism was performed for the last time. The condition of the patient very much improved, the voice was clearer, the lingual diphtheritis had almost entirely disappeared.

"The 28th, the child was in a state of convalescence, although the voice remained a little hoarse."

A still further application of this method comes to us from Edinburgh, and is reported in the November No. of the *Edinburgh Medical Journal*, by Prof. J. H. Bennett, which we subjoin:

"My period of attendance on the clinical wards having expired in January, it was not until last May that I had an opportunity of making a series of observations on this subject. I was then fortunately assisted by Professor Barker, of New York, who showed me the kind of catheter he had seen Dr. Green employ, and demonstrated the manner in which the operation was performed. Without entering into minute particulars, I have only to say that I have confirmed the statements made by Dr. Horace Green. I have introduced the catheter publicly in the clinical wards of the Royal Infirmary in seven patients. Of these, five were affected with phthisis in various stages; one had chronic laryngitis with bronchitis, and one chronic bronchitis, with severe paroxysms of asthma. In several other cases in which I attempted to pass the tube, it was found to be impossible—in some because the epiglottis could not be fairly exposed, and in others on account of the irritability of the fauces and too ready irritation of cough from pressure of the spatula.

"My experience of this treatment is as yet too limited to permit my saying anything of its permanent effects. In the case of bronchitis with asthma—a female, aged 24—I have now injected the lungs eleven times, at first throwing in 3ij. of a solution of nitrate of silver, of the strength of 3ss. of the crystallized salt to 3j. of distilled water, and latterly I have thrown in 3ss. of a solution of the strength of 9ij to 3j. She declares that no remedy has had such powerful effect in lessening the cough, diminishing the expectoration, or delaying the asthmatic paroxysms. She breathes and blows through the tube, when inserted four inches below the larynx, and I have been surprised at the circumstance of the injections not being followed by the slightest irritation whatever, but rather by a pleasant feeling of warmth in the chest, (some have experienced a sensation of coolness,) followed by ease to the cough, and a check for a time to all expectoration.

"I think it of importance that these facts should be known to the profession, as a homage justly due to the talents of a distinguished transatlantic physician, and with the view of recommending a practice, which, if judiciously employed, may form a new era in the treatment of pulmonary diseases."

—Dr. Lindsay, in the Edinburgh Journal, gives the following interesting information concerning medicine in Norway:

"I cannot here resist a slight digression from my subject, in order to avail myself of an opportunity of recommending to the medical tourist, who has become tired of the beaten and hackneyed track of the Rhine, France, and Switzerland, or of Paris, Berlin, and Vienna, and who pants for 'fresh fields and pastures new'—Norway, as a suitable locality for some subsequent holiday ramble. He will find in Christiana an admirable Medical School, and a comparatively young but model University, with a staff of professors, distinguished no less for their affability and kindness to strangers, than for their eminence in science. Holst and W. Boeck in medicine, Faye in midwifery, C. B. Boeck in physiology, Sars and Esmarch in zoology, Blytt in botany, Munch and Keyser in archaeology, and Hansteen in astrono-

my, may favorably compare with the staff of any Continental University. Great pains are taken for the *practical* teaching of the medical student. Rooms are provided for study, and for the prosecution of experimental research; and professors are constantly in attendance, watching over and directing the progress of their pupils more as fathers and friends than as mere lecturers. The University library is most extensive and valuable, and is particularly liberal in its dealings,—the citizens in general, as well as the students, having the privilege of consulting or borrowing books. The museums of zoology, human anatomy, comparative anatomy, pathology, etc., though yet comparatively in their infancy, are exceedingly well arranged, and contain the nuclei of most valuable collections. When I visited the Museum of Zoology, I found Professor Esmarck in attendance, for the purpose of affording every information and explanation to the public, to whom the museum is thrown open gratuitously. With me, a perfect stranger, he entered at once familiarly into conversation, exhibiting his new and most ingenious method of so arranging fluid preparations of great size on the museum shelves, as greatly to economize space; pointing out the most interesting and rarest of his own captures on the Mediterranean coasts; and affording me much valuable information regarding the Norwegian fauna. It was not necessary to be provided with introductions in order to be received with equal kindness by other professors, to whom the mere fact of one's being a stranger, and desirous of seeing this or knowing that, was at once a passport to their friendly offices. The medical visitor will further find the Rigshospital, or City Infirmary, conducted very much like our own city hospitals, and all its physicians and surgeons ready to afford him every facility for visiting it; while the State Lunatic Asylum at Ganstad, the State Penitentiary, and other institutions, are equally worthy of his attention. Again, at Bergen, he may study, under the celebrated Dr. Danielssen, that peculiar and rare affection, endemic on the west coast of Norway—the *Elephantiasis Græcorum*,—with other allied skin diseases."

—Clinical instruction is the key-note of all the lengthy essays written upon reform in medical instruction. This is well, for it is by clinical instruction that the student is better fitted to apply the academic instruction which constitutes so great a part of his education. Large cities naturally supply the materials for such instruction, and none so eminently as New York. In addition to the several public hospitals and college cliniques, several private institutions for clinical instruction afford increased facilities to those students who seek this city for a medical education. Physical diagnosis, microscopy, chemical analysis, surgical anatomy, with operations on the cadaver, ophthalmic surgery, &c., &c., are all taught by private teachers. During the months of January and February a course of lectures on the latter subject—that of ophthalmic surgery—will be given by Dr. Mark Stephenson, at the New York Ophthalmic Hospital, No. 6 Stuyvesant

Place. The last Annual Report of this hospital shows that during the preceding year 1,200 cases of diseases of the eye were operated upon or prescribed for, including most of the diseases which afflict that organ. This course of lectures, then, illustrated, as it will be, by the cases which present themselves at the hospital, cannot fail to be of great service to the student who avails himself of this opportunity to examine, under a competent teacher, the various diseases of the eye, and witness the medical and surgical treatment of the same. Dr. Stephenson will meet his class there twice a week for this purpose, at such hours as will not interfere with other lectures. This is the sixth course Dr. S. has given upon his specialty, and with eminent satisfaction to those who have heard him.

—The distinguished traveller in Africa, Dr. Livingstone, (who is by the way an M.D.,) in his book, lately published, gives some items of interest to professional readers. He thus describes a new anaesthetic which few will fancy trying. He had shot two balls into a lion, and was reloading:

"When in the act of ramming down the bullets I heard a shout. Starting and looking half round, I saw the lion just in the act of springing upon me. I was upon a little height. He caught my shoulder as he sprang, and we both came to the ground below together. Growling horribly close to my ear, he shook me as a terrier dog does a rat. The shock produced a stupor similar to that which seems to be felt by a mouse after the first shake of the cat. It caused a sort of dreaminess, in which there was no sense of pain nor feeling of terror, though quite conscious of all that was happening. It was like what patients, partially under the influence of chloroform, describe, who see all the operation, but feel not the knife. This singular condition was not the result of any mental process. The shake annihilated fear, and allowed no sense of horror in looking round at the beast. This peculiar state is probably produced in all animals killed by the carnivora; and, if so, is a merciful provision by our benevolent Creator for lessening the pain of death. Turning round to relieve myself of the weight, as he had one paw on the back of my head, I saw his eyes directed to Mebalwe, who was trying to shoot him at a distance of ten or fifteen yards. His gun, a flint one, missed fire in both barrels. The lion immediately left me, and attacking Mebalwe, bit his thigh. Another man, whose life I had saved before, after he had been tossed by a buffalo, attempted to spear the lion while he was biting Mebalwe. He left Mebalwe and caught this man by the shoulder, but at that moment the bullets that he had received took effect, and he fell down dead. The whole was the work of a few moments, and must have been his paroxysm of dying rage. In order to take out the charm from him, the Bakatla on the following day made a huge bonfire over the carcase, which was declared to

be that of the largest lion they had ever seen. Besides crunching the bone into splinters, he left eleven teeth-wounds on the upper part of my arm. A wound from the animal's tooth resembles a gunshot wound; it is generally followed by a great deal of sloughing and discharge, and pains are felt in the part periodically ever afterwards. I had on a tartan jacket on the occasion, and I believe that it wiped off all the virus from the teeth that pierced the flesh, for my two companions in this affray have both suffered from the peculiar pains, while I have escaped with only the inconvenience of a false joint in my limb. The man whose shoulder was wounded showed me his wound actually burst forth afresh on the same month of the following year."

A drought prevailing at one time, a *Rain Doctor* undertook to remove the obstruction, and this conversation ensued upon Dr. L.'s remonstrating with him for humbugging the people:

"*Rain Doctor.* I use my medicines, and you employ yours; we are both doctors, and doctors are not deceivers. You give a patient medicine. Sometimes God is pleased to heal him by means of your medicine; sometimes not—he dies. When he is cured, you take the credit of what God does. I do the same. Sometimes God grants us rain, sometimes not. When he does, we take the credit of the charm. When a patient dies, you don't give up trust in your medicine, neither do I when rain fails. If you wish me to leave off my medicines, why continue your own?—*Medical Doctor.* I give medicine to living creatures within my reach, and can see the effects though no cure follows; you pretend to charm the clouds, which are so far above us that your medicines never reach them. The clouds usually lie in one direction, and your smoke goes in another. God alone can command the clouds. Only try and wait patiently; God will give us rain without your medicines.—*R. D.* Ma-hala-maka-pa-a-a!! Well, I always thought white men were wise till this morning. Who ever thought of making trial of starvation! Is death pleasant then?—*M. D.* Could you make it rain on one spot and not on another?—*R. D.* I wouldn't think of trying. I like to see the whole country green, and all the people glad; the women clapping their hands and giving me their ornaments for thankfulness, and lullilooing for joy.—*M. D.* I think you deceive both them and yourself.—*R. D.* Well, then, there is a pair of us (meaning both are rogues)."

Another extract concerns a question of interest lately mooted:

"I have examined several cases in which a grandmother has taken upon herself to suckle a grandchild. Masina of Kuruman had no children after the birth of her daughter Sina, and had no milk after Sina was weaned, an event which is usually deferred till the child is two or three years old. Sina married when she was seventeen or eighteen, and had twins; Masina, after at least fifteen years' interval since she last suckled a child, took possession of one of them, applied

it to her breast, and milk flowed, so that she was able to nurse the child entirely. Masina was at this time at least forty years of age. I have witnessed several other cases analogous to this. A grandmother of forty, or even less, for they become withered at an early age, when left at home with a young child, applies it to her own shrivelled breast, and milk soon follows. In some cases, as that of Ma-bogo-sing, the chief wife of Mahure, who was about thirty-five years of age, the child was not entirely dependent on the grandmother's breast, as the mother suckled it too. I had witnessed the production of milk so frequently by the simple application of the lips of the child, that I was not, therefore, surprised when told by the Portuguese in Eastern Africa of a native doctor, who, by applying a poultice of the pounded larvae of hornets to the breast of a woman, aided by the attempts of the child, could bring back the milk. Is it not possible that the story in the 'Cloud of Witnesses,' of a man during the time of persecution in Scotland putting his child to his own breast, and finding, to the astonishment of the whole country, that milk followed the act, may have been literally true? It was regarded and is quoted as a miracle; but the feelings of the father towards the child of a murdered mother must have been as nearly as possible analogous to the maternal feeling; and, as anatomists declare the structure of both male and female breasts to be identical, there is nothing physically impossible in the alleged result. The illustrious Baron Humboldt quotes an instance of the male breast yielding milk; and though I am not conscious of being over-credulous, the strange instances I have examined in the opposite sex make me believe that there is no error in that philosopher's statement."

—An interesting item is in reference to some investigations concerning the prevalence of insanity, and the effects of intermarriage among the British Jews:

The *Jewish Chronicle* says:—"After having carefully sifted and weighed the evidence under our notice, we have arrived at the conclusion—1. That there is no proof whatever that insanity prevails in the community proportionately to a larger extent than amongst the rest of the population. 2. That if it even existed, it could not be the effect of intermarriages. 3. That intermarriages are far from producing those undesirable effects popularly yet erroneously attributed to them. 4. That although there is reason to believe that the amount of insanity in the community does not exceed the proportion which the number of our insular co-religionists bears to that of the rest of the population, the affliction yet prevails to a greater extent than it did comparatively in former years."

—In the *Medical Journal* of Brussels, Doctor Hamal recommends this method of destroying body lice. Wash the parts covered with hair with warm water and common soap, follow this with several ablutions with simple water, and when the parts are dry rub them with cholorform dropped on gradually. Then cover the parts with a

handkerchief several folds thick, and at the end of half an hour remove it, and wash the parts with warm soap suds.

—Dr. David Blair, Surgeon General of Demerara, is dead. If we are not mistaken, this is the gentleman who published, about two years since, one of the best papers on yellow fever that has ever been our fortune to read.

—It is claimed for Dr. Fell that the method of applying his caustics for the cure of cancer is original. Our readers will remember that his caustic preparation is chloride of zinc mixed with barley flour and powdered blood-root. It therefore remains true that either his method of application is new or that nothing is, and as the Middlesex Hospital Surgeons have taken refuge behind the assertion of its novelty, we rather regret that it is not so. At any rate, Dr. Fell has no title to originality in the matter. Precisely the same thing has been done in this city a great many times by a cancer doctor named Gilbert. His method, as described by patients, was to make incisions into the tumor, and to apply a paste precisely similar in its appearance and effects to that which Fell uses. In two of Gilbert's cases it became necessary for surgeons to secure large arteries which had been divided by the caustic, and to the imminent danger of the patient. We have in vain sought for a single case which was cured by this method.

Apropos of Fell, it may interest his British friends to know that he was more prominent here as a small politician in the Eighth Ward than as a medical man. Becoming disgusted with his want of success in practice, he learned of Gilbert his method of treating cancers, and went to Europe on a speculating tour, which has been vastly more successful than we should have thought possible. It puzzles us that he should have worked his way into such professional circles.

—"Bread upon the Waters," is the quaint title of the following in the *Lancet*, (Dec. 19th,) upon a subject which may be of very great importance in some parts of our own country:

"It suits poetasters," said Tom Hood, "to talk of the domain of the sea and of the fields of the ocean; but, after all, it is but a sorry estate that is all fish-pond, and it is but a barren field that grows nought but weeds." The old Scythian Time, who sweeps on equally regardless of his jokes or of their verses, winning the final victory alike over poetasters and over wits, and calling constantly for new editions of the "Guide to Useful Knowledge," seems likely to command us to erase from our books the contemptuous epithets which men have been wont to apply to the weeds of the sea. They have floated through

ages of scorn and obloquy. "Projecta vilius algæ," was the lowest term for worthlessness in the language of Horace and of Virgil. Downright Dr. Johnson terms them "noxious and useless plants." We are now entitled to say in equally Johnsonese language, "Sir, they are neither."

Seaweed has a more extended range of growth than perhaps any other vegetable; for wherever the ocean rolls there it lives. How, then, should it be noxious and useless even to man? Moreover, its known esculent capabilities are already very great, and a most intelligent and meritorious effort is being made, at this time, to increase our knowledge of the chemical character of marine algæ, and to multiply their application as food or medicine for men and animals. Such purposes they already largely subserve in various parts of the world. The Icelanders, the Highlanders, the Irish, the Kamschatkans, the inhabitant of the Orkney Islands, the populations of Van Dieman's Land, New South Wales and New Zealand, the Chinese, the Cingaese, the Japanese, and the Scindians, feed extensively upon seaweed and its products. They ferment them, or eat them boiled with butter, or as broth with animal substance, or pickled; by way of condiment with meat, stewed with rice, in the form of jelly, and in a thousand other ways. The Carrageen moss (*chondrus crispus*) and laver (*porphyra vulgaris*) find their way as luxuries to our tables. Nevertheless, there is the strongest reason to believe that the esculent capabilities of the algæ are but very imperfectly developed. Sir John Trevelyan has, under the auspices of the Society of Arts, offered a handsome premium for the best original essay, accompanied by illustrative edible preparations, and containing new analyses of these economic applications of the algæ and their products. To medical men their utilization, as articles of diet, affords a field of research especially interesting, since the large quantity of iodine and bromine which they contain indicate valuable dietetic relations in which they may be employed. We trust that the bread which the sea thus casts upon our shores may soon be estimated at its true value.

—In the formation of the new corps of guardians for the lives and property of our citizens—the Metropolitan Police—a number of medical men have been incorporated as surgeons to that body. The city has been divided into twelve districts, and a surgeon assigned to each district. The duties of these medical officers are multifarious and the place no sinecure, if we are to judge from the report of the committee to the Commissioners in reference to the subject:

It is made the duty of each surgeon to report at least once in three months on the health of the police force and the sanitary condition of the station houses in his district, to render professional services to all members of police force stationed in his district, who may be ill, whether such injuries be in consequence of injuries received in duty or from ordinary sickness and indisposition, and to report them in writing to the Chief Clerk of Police on the last day of each month; the

cause of such illness, and specify the number of days when any officer in his district was unable, from wounds received while on service, or from illness contracted from exposure in performance of duty; to carefully inspect and report upon the state of the station houses, condition and ventilation of cells, and on all matters connected with the station houses or other buildings in charge of the Board, affecting injuriously the health of the inmates; to attend all prisoners confined in the station houses of his district on the requisition of the officer in command; to attend all casualties requiring professional aid in his district; to visit all persons reported to him to have been assaulted or otherwise injured, whose cases have or may become the subject of investigation by police magistrates, and report whether the injuries sustained are of such a nature as to render it necessary for a magistrate to be called to take the injured person's deposition; and when life is in danger to immediately notify the General or Deputy Superintendent; to visit all injured persons whose cases are undergoing judicial investigation; to inspect, when called upon, the cases of any animals within his district suspected to be diseased, or any butcher meat, fish, poultry or other articles of provisions suspected to be unfit for human food, and to give evidence thereon in court; to inspect any adulterated provisions within his district; to report all nuisances affecting the public health, or the presence of any contagious disease in his district; to certify to the condition of any officer who may have been sick, the officer not to be put on duty without such a certificate that he is well. The rules conclude as follows:

It shall be the duty of those Surgeons of Police who receive fifteen hundred dollars per annum for their services, in consideration of their larger compensation, to examine the physical condition of all candidates for police appointment, whose applications shall have been favorably considered by the Board of Police, and report thereon in writing whether such candidates possess the qualifications prescribed in respect to health, strength, stature and age. Such reports shall be signed by at least two of the Surgeons referred to in this section, and shall be filed in the office of the Chief Clerk. It shall be the duty of all the Police Surgeons to make the examinations herein named whenever required by resolution of the Board of Commissioners.

It shall be the duty of one or more of the Surgeons of Police to repair to any part of the Metropolitan Police District whenever so directed by the Board of Commissioners, and to examine and report upon the presence of contagious or other disease, upon the existence of nuisances dangerous to the public health, or upon any matter or thing within the said police district that may be supposed prejudicial to the public health.

—Mr. Syme has recently removed the whole tongue on account of cancer. The symphysis of the lower jaw was divided, and the tongue cut away close to the hyoid bone. Only a few ounces of blood were lost. The patient was able to walk out of the operating room, and was doing well a few days after the operation.

—The *Lancet*, (Dec. 19th,) is rather severe upon lawyers, on account of their ignorance concerning insanity. Hear what the editor says:

"On Monday evening, Dr. Forbes Winslow read his paper before the Juridical Society, "On the Legal Doctrines of Responsibility in Cases of Insanity connected with alleged Criminal Acts." There was a much larger attendance at the meeting than usual, the Vice-Chancellor Sir John Stuart being in the chair, and amongst the members present was Mr. Bramwell, as well as many of the most distinguished members of the bar. This is the first time that the attention of lawyers has been directed to this important subject by means of a paper written by a medical man, and communicated to a legal society in which free discussion is permitted; and we cannot but rejoice that a way has at last been opened whereby the views entertained by the medical profession upon what ought to be the legal responsibilities of the insane can be distinctly enunciated and tested by that "touchstone of truth," oral discussion. We look upon the proceedings of Monday night as constituting an era in the history of criminal jurisprudence; and we venture to predict that when a few more such papers shall have been read and discussed at the Juridical Society, it will be impossible for that body to listen with common patience to views to which Mr. Baron Bramwell gave utterance in the course of the debate on Monday. We have always believed that the great differences existing between the doctrines of lawyers and medical men on these subjects depended chiefly on the want of practical acquaintance with insanity under which the former labor; but we confess we were unprepared for the appalling ignorance of the first principles of moral and mental philosophy which was displayed by a lawyer who has within the last two years been deemed worthy of elevation to the bench. In referring to Dr. Winslow's remarks on the distinction between the intellectual and moral feelings, Mr. Baron Bramwell positively declared that, "*for his part, he doubted the existence of moral faculties, or a moral sense!*" We are acquainted with another learned judge who, on being asked to read a well-known medical work on Criminal Insanity, absolutely declined to do so, stating that he never read anything of the sort, and in fact rejoiced in his ignorance. With such materials to work upon, progress must necessarily be slow, but it will be sure; and the time is not far distant when the judges will shrink with as much horror from hanging a lunatic as they would now do from burning a witch. Dr. Winslow's paper was, as might have been expected, an extremely well-written and philosophical essay, and was listened to with a degree of attention which, at any rate, argued a desire on the part of the members of the Juridical Society to learn what they could. It was painfully evident, however, from the discussion which followed, that the minds of the audience were unprepared to grasp the great truths laid before them, and we therefore hope that the author will follow up this paper with another, in which, by giving copious details of cases, he may furnish the legal mind with a species of food which it can assimilate more readily than the recondite truths of psychological philosophy.

—City readers will do an act of charity by purchasing tickets for a concert to be given before long (the time is not yet announced,) in Dr. Corey's Church, in Fifth Avenue. It is to be under the direction of Mrs. Secor, for general charitable purposes, but a portion of the proceeds will be applied for the relief of the family of the late Dr. Vachè, of this city. We regret to hear that their necessities are urgent, and physicians cannot do a greater kindness than by purchasing tickets and endorsing them for Dr. Vachè, that their payments may go in that direction.

—It was not possible for us to notice in the proper place the *Physician's Hand-Book of Practice*, which is advertised this month, but vary from our custom, to speak of it here, because it is always desirable to begin the year with such a register. Although in the general idea all such publications agree, this differs materially from all that we have seen in several particulars. For instance, there are nearly a hundred pages containing a classified list of diseases, and another of remedies, but the paper is so fine that it occupies little space. Another feature is a record intended to keep in a condensed manner an account of the symptoms and treatment of the most interesting cases under the practitioner's care. Both of these are valuable additions, and their arrangement is skillful. Use alone can demonstrate its adaptedness to each individual, but we think it will be found useful and convenient.

—A movement has been made in this city by Mr. D. W. Jobson, to open the way for women to become acquainted with, and to practise dentistry. It would seem to be an occupation perfectly adapted to their ability, requiring as it does no greater degree of strength than they ordinarily possess, permitting them to control their hours perfectly, and not interfering with their domestic duties to a greater degree than many other employments now almost entirely abandoned to them. Desirous of seeing every proper means of employment opened to women, we wish Mr. Jobson eminent success in his undertaking, for which we are informed his professional attainments admirably fit him.

Acute Articular Rheumatism.—Doctor Hauschka recommends, as the best means of abbreviating the duration of acute articular rheumatism, the administration of large doses of iodide of potassium in conjunction with morphia. He gives in the course of the day from 15 grains to 4 scruples of the iodide, with from $\frac{1}{2}$ to 1 grain of morphia. He never has recourse to local treatment when the rheumatism is polyarticular.—*Rév. Méd.*

Motives of Suicide.—In the year 1851 there were 3598 suicides recorded in France, to each of which the presumed motive was affixed. Out of these, no less than 800 are set down to mental alienation; and to that number we should add, 70 cases of monomania, 39 of cerebral fever, and 54 of idiocy—all ranking under the general head of uncontrollableness—which will make a total of 963, or more than a fourth of the whole number of cases. If we now examine the remaining cases, we find “domestic quarrels” next in amount, being no less than 385. Next in importance to domestic quarrels is the desire to escape from physical suffering; these amount to 313. Debt and embarrassment rank next, 203. Want and the fear of want, 172. Disgust at life—which may properly be called low spirits—stands high, 166; shame and remorse very low, only 7. Thwarted love shows only 91; and jealousy, 23. Losses at play, 6; loss of employment, 25.

Mixture of Tannin in Chronic Bronchitis.—M. Berthel recommends the following mixture in cases of bronchitis of long standing: Take of tannin, three grains; extract of belladonna, three-quarters of a grain; extract of conium, two and a half grains; infusion of senna, three ounces; fennel water, and syrup of marshmallow, of each one ounce and a half. Mix. A table-spoonful to be taken every two hours.

Chloroform in Intermittent Fever.—M. Delioux, a Professor of the French Naval Medical School, has long been engaged in searching for succedanea for quinine. Having observed that when he administered chloroform to phthisical patients, that it not only relieved the pain in the chest and cough, but also moderated the fever and nocturnal sweats, he conceived it might possess febrifuge powers also; and the result of numerous trials is the ample verification of his supposition. He forms a syrup, by adding 5 parts of chloroform to 100 of simple syrup, of which he gives from 3*j.* to 3*iiij.* in a mixture, at the same intervals at which quinine would be given.—*Union Méd.*

Iodide of Potassium in Asthma.—Dr. Stilwell states he has administered this in 5-grain doses three times a day with most marked effect, a slight expectoration of viscid mucus attended with amelioration of the urgent symptoms soon following. The iod. pot. gives the same relief in hay asthma, asthma from perfumes, and the like. He suggests its use in croup, as a means of disengaging the false membranes after the inflammatory action is subdued.

Quinine in the Salivation of Pregnancy.—Dr. Mauthner relates that he has found sulphate of quinine, given in 2-grain doses, prove completely efficacious in cases in which various other means had been tried without success.—*Schmidt's Jahrb.*

Excipient for Pills.—Mr. Stanislas Martin suggests, as preferable to honey, which has been recently recommended as an excipient for pills, the employment of treacle, which is far easier of manipulation, a much less quantity being required. Pills so prepared last soft and flexible for years.